

FIG. 1

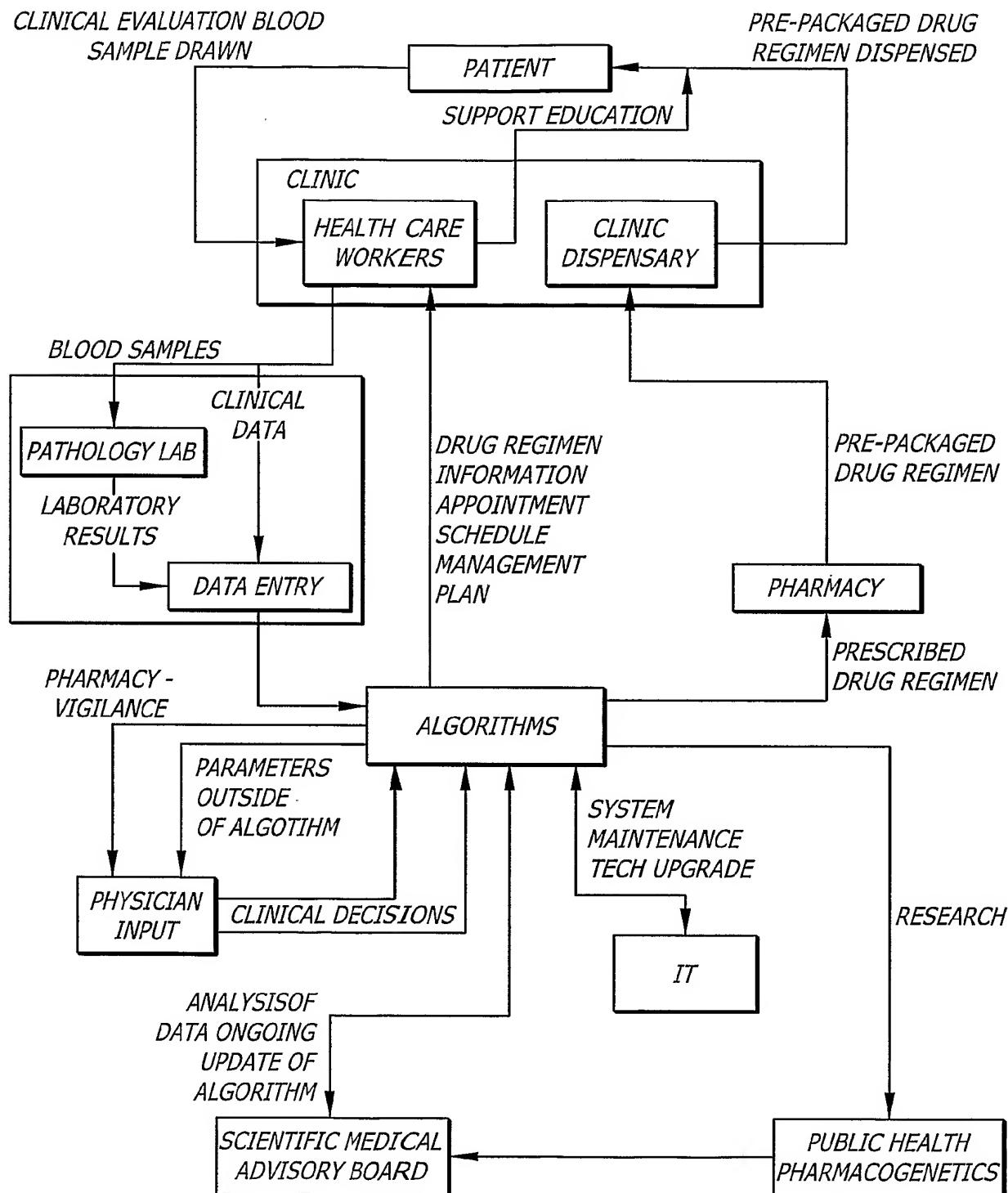


FIG. 2.1

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FIG. 2.2

Nevirapine											
Have you ever taken Nevirapine?											
Nevirapine Skin Rash											
Redness, itching											
Diffuse rash, dry and peeling											
Blisters, moist peeling, sores											
Severe redness, ulcers, skin sloughing off											
Yes			No			Unknown					
Yes			No			Unknown					
Mild											
Moderate											
Severe											
Incapacitating											
Regimen Failure											
Has the patient failed Regimen 1a											
Virologic failure											
Therapeutic failure (side effects)											
Has the patient failed Regimen 1b											
Virologic failure											
Therapeutic failure (side effects)											
Nevirapine Resistant - proven											
Yes			No			Unknown					
Yes			No			Unknown					
Yes			No			Unknown					
Yes			No			Unknown					
Yes			No			Unknown					
Yes			No			Unknown					
TB											
Are you being treated for active TB now?											
Treatment for active TB in the past 2 years?											
Is your treatment for active TB complete?											
Date active TB treatment started											
Are you taking Isoniazid to prevent TB now?											
Date Isoniazid treatment started											
Cough > 2 weeks											
Fever > 2 weeks											
Night sweats											
Weight loss > 1.5 kg in past 4 weeks											
Sputum tested for TB in the last 3 months?											
Result of TB sputum test											
Yes			No			Unknown					
Yes			No			Unknown					
Yes			No			Unknown					
Y Y Y Y			M M D D								
Yes			No			Unknown					
Y Y Y Y			M M D D								
Yes			No								
Yes			No								
Yes			No								
Yes			No								
Positive			Negative								
LABS											
	Previous	Current									
Date											
Weight											kg
CD4											c/mL
Viral Load											c/mm ³
Liver – ALT											U/L
Hemoglobin											g/L
Neutrophils											/mm ³
Lipase											U/L
Creatinine											μmol/L
MCV											fL
Platelets											10 ⁹ /L
Hepatitis A	Positive	Negative									
Hepatitis B	Positive	Negative									
Hepatitis C	Positive	Negative									
TB Skin Test	Positive	Negative									
TB Sputum	Positive	Negative									

Form Filled in by _____ Title _____

FIG. 3.1

Date Prepared	Form Number																															
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1A: <table border="1"> <tr> <td>EFV Stocrin (Efavrenz)</td> <td>d4T Zerit (Stavudine)</td> <td>3TC (Lamivudine)</td> </tr> </table>				EFV Stocrin (Efavrenz)	d4T Zerit (Stavudine)	3TC (Lamivudine)																										
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1B: <table border="1"> <tr> <td>NVP Virumine (Nevirapine)</td> <td>d4T Zerit (Stavudine)</td> <td>3TC (Lamivudine)</td> </tr> </table>				NVP Virumine (Nevirapine)	d4T Zerit (Stavudine)	3TC (Lamivudine)																										
NVP Virumine (Nevirapine)	d4T Zerit (Stavudine)	3TC (Lamivudine)																														
2: <table border="1"> <tr> <td>ddI Videx (Didanosine)</td> <td>AZT Retrovir (Zidovudine)</td> <td>Lopinavir/ Ritonavir Kaletra</td> </tr> </table>				ddI Videx (Didanosine)	AZT Retrovir (Zidovudine)	Lopinavir/ Ritonavir Kaletra																										
ddI Videx (Didanosine)	AZT Retrovir (Zidovudine)	Lopinavir/ Ritonavir Kaletra																														
Other: _____																																
Adherence <table border="1"> <tr> <td><input type="checkbox"/></td> <td><80%</td> <td><input type="checkbox"/></td> <td>80-90%</td> <td><input type="checkbox"/></td> <td>90-95%</td> <td><input type="checkbox"/></td> <td>>95%</td> </tr> </table>				<input type="checkbox"/>	<80%	<input type="checkbox"/>	80-90%	<input type="checkbox"/>	90-95%	<input type="checkbox"/>	>95%																					
<input type="checkbox"/>	<80%	<input type="checkbox"/>	80-90%	<input type="checkbox"/>	90-95%	<input type="checkbox"/>	>95%																									
Regimen Failure																																
Has the patient failed Regimen 1a Virologic failure Therapeutic failure (side effects)																																
Has the patient failed Regimen 1b Virologic failure Therapeutic failure (side effects) Nevirapine Resistant - proven																																
Yes No Unknown Yes No Unknown Yes No Unknown Yes No Unknown Yes No Unknown Yes No Unknown Yes No Unknown																																
Gender <table border="1"> <tr> <td>Male</td> <td>Female</td> </tr> </table>				Male	Female																											
Male	Female																															
For Female:																																
Are you pregnant? Are you able to have children? Do you want to have children at this time? Are you using reliable contraception?																																
Yes No Maybe Yes No Unknown Yes No Unknown Yes No Unknown																																
WHO Stage																																
WHO Clinical Stage 1 1 _____																																
WHO Clinical Stage 2 2 _____																																
WHO Clinical Stage 3 3 _____																																
WHO Clinical Stage 4 4 _____																																
Pneumocystis Pneumonia - current or previous Thrush - persistent																																
Yes No Unknown Yes No Unknown																																
Cotrimoxazole																																
Allergic to Cotrimoxazole? Was Cotrimoxazole dispensed? Cotrimoxazole pill count - Is patient compliant? Has patient kept 3 appointments in a row?																																
Yes No Unknown Yes No Unknown Yes No Unknown Yes No Unknown																																
Pain and/or tingling in hands and/or feet?																																
Pain and tingling do not cause a problem walking Pain and tingling > 3 days - non-narcotic analgesia required Walks with great difficulty - narcotic analgesia required Unable to walk - narcotic analgesia does not help																																
Yes No Unknown Mild Moderate Severe Incapacitating																																

FIG. 3.2

Psychological problems now or in the past						
Depression - overwhelming sadness, not related to any event	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Thoughts or attempts of suicide	<input type="checkbox"/> Unknown					
Previous mental illness requiring treatment/hospitalization	<input type="checkbox"/> Depression	<input type="checkbox"/> Suicide				
	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Unknown				
Nevirapine						
Have you ever taken Nevirapine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Nevirapine Skin Rash	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Redness, Itching	<input type="checkbox"/> Unknown					
Diffuse rash, dry and peeling	<input type="checkbox"/> Mild	<input type="checkbox"/> Unknown				
Blisters, moist peeling, sores	<input type="checkbox"/> Moderate	<input type="checkbox"/> Unknown				
Severe redness, ulcers, skin sloughing off	<input type="checkbox"/> Severe	<input type="checkbox"/> Unknown				
	<input type="checkbox"/> Incapacitating	<input type="checkbox"/> Unknown				
TB						
Are you being treated for active TB now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Treatment for active TB in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Is your treatment for active TB complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Date active TB treatment started	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> D
Are you taking Isoniazid to prevent TB now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown			
Date Isoniazid treatment started	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> D
Cough > 2 weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Fever > 2 weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Night sweats	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Weight loss > 1.5 kg in past 4 weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Sputum tested for TB in the last 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Result of TB sputum test	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative				
Any 1 "yes" get sputum for smear and culture						

LABS

	Previous	Previous	Previous	Previous	Previous	Previous	Current
Date							
Weight							kg
CD4							c/mL
Viral Load							c/mm ³
Liver – ALT							U/L
Hemoglobin							g/L
Neutrophils							/mm ³
Lipase							U/L
Creatinine							umol/L
MCV							fL
Platelets							10 ⁹ /L
Hepatitis A	Positive	Negative	Positive	Negative	Positive	Negative	Positive
Hepatitis B	Positive	Negative	Positive	Negative	Positive	Negative	Positive
Hepatitis C	Positive	Negative	Positive	Negative	Positive	Negative	Positive
TB Skin Test	Positive	Negative	Positive	Negative	Positive	Negative	Positive
TB Sputum	Positive	Negative	Positive	Negative	Positive	Negative	Positive

Form Filled in by _____

Title _____

FIG. 4.1

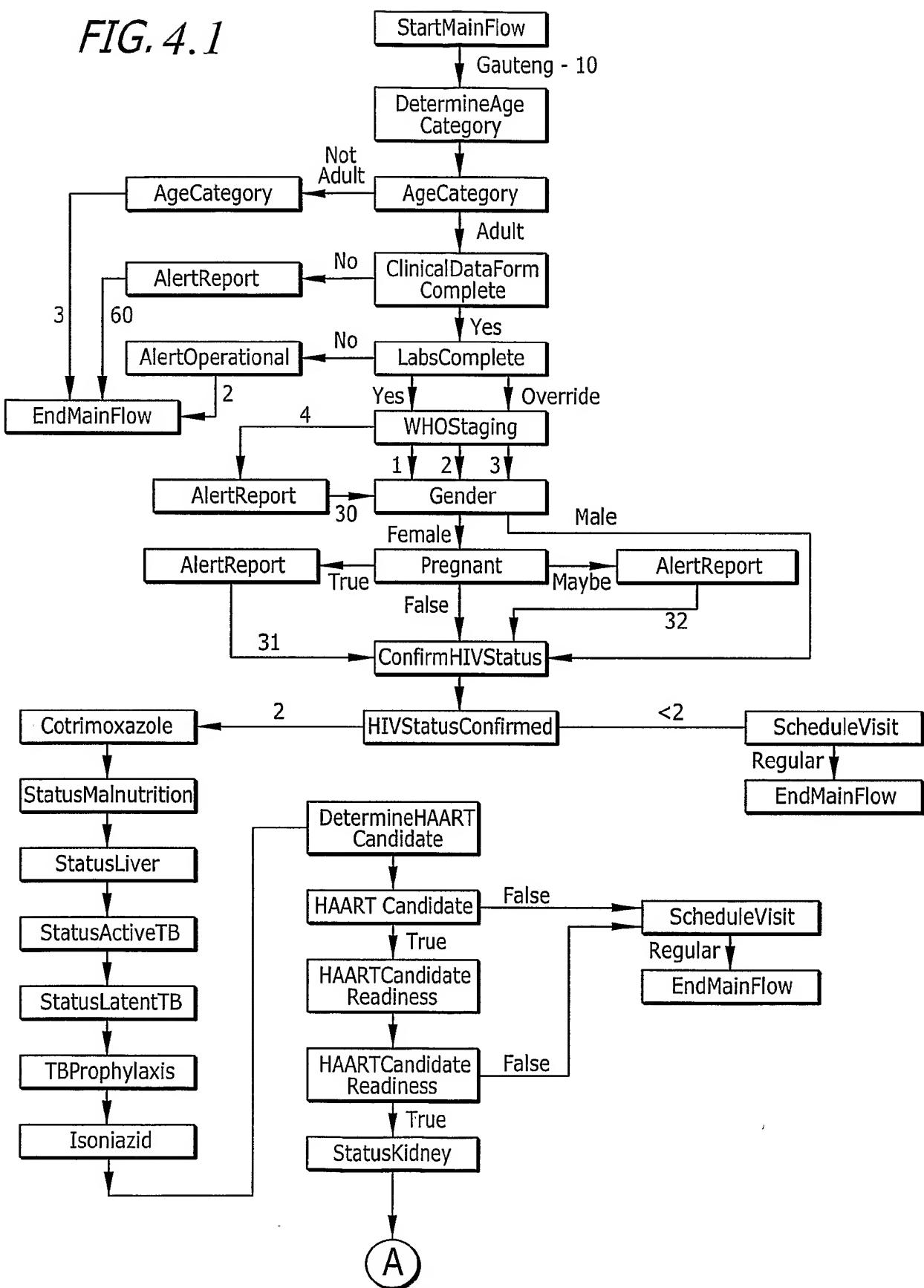
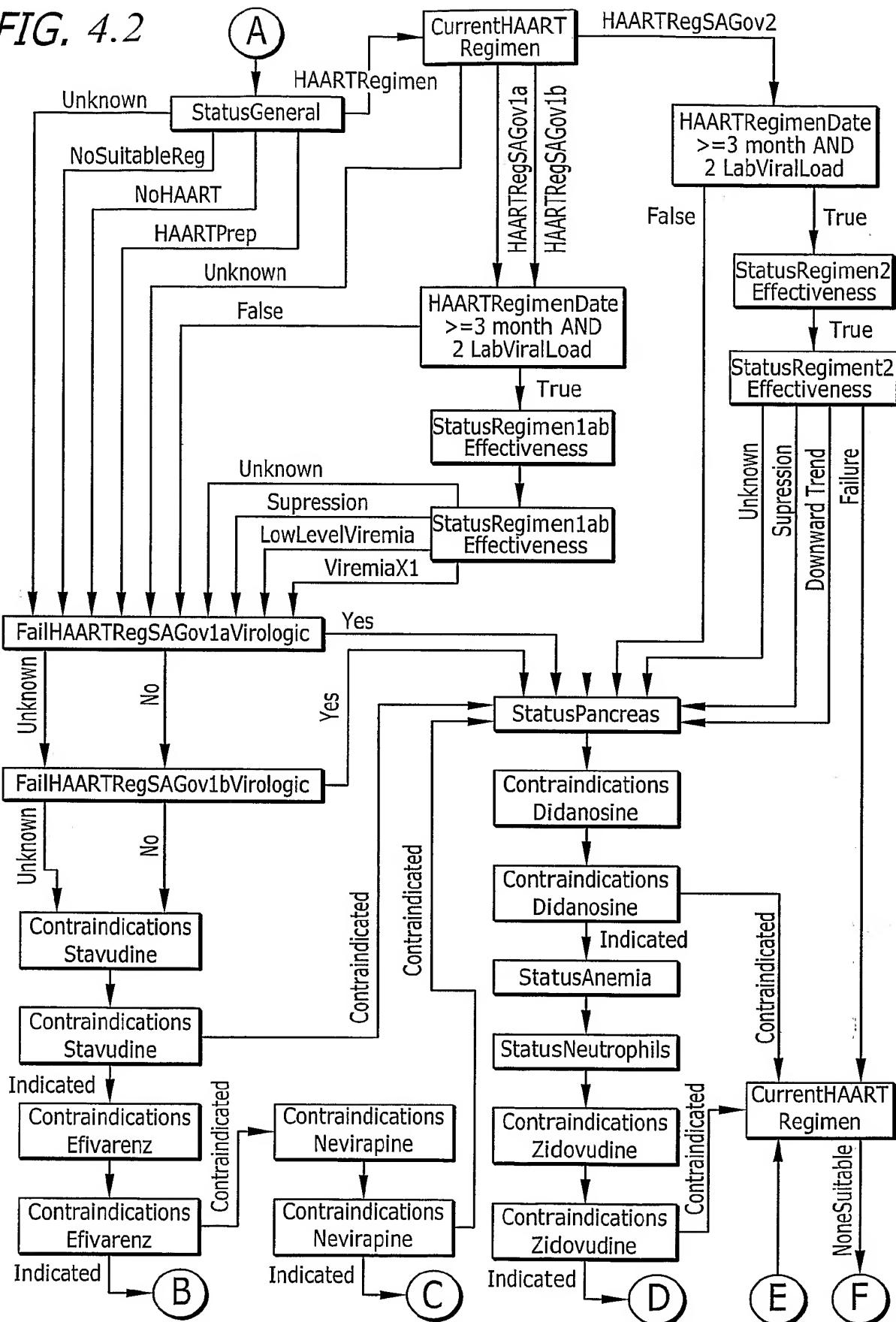


FIG. 4.2



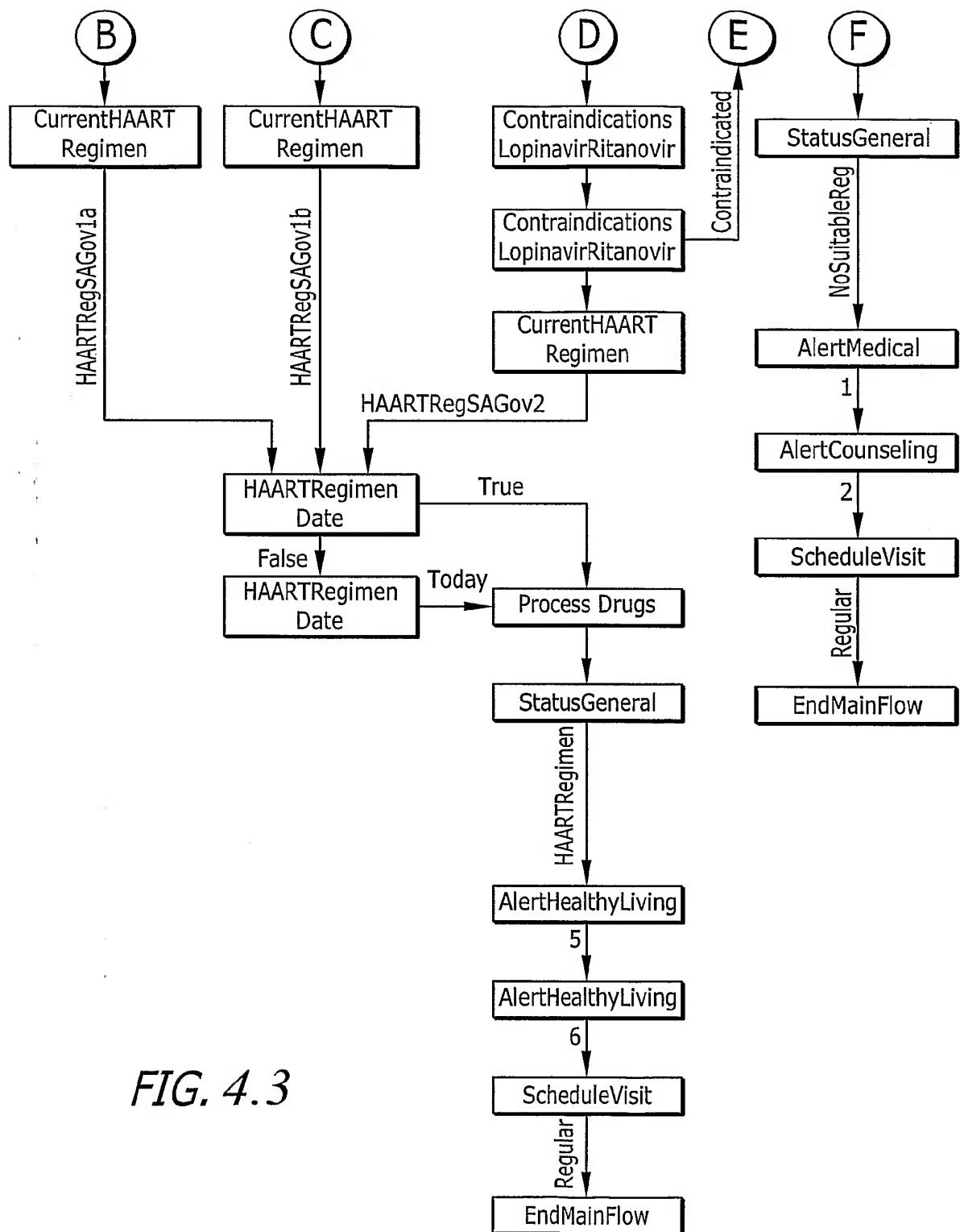


FIG. 4.3

FIG. 5

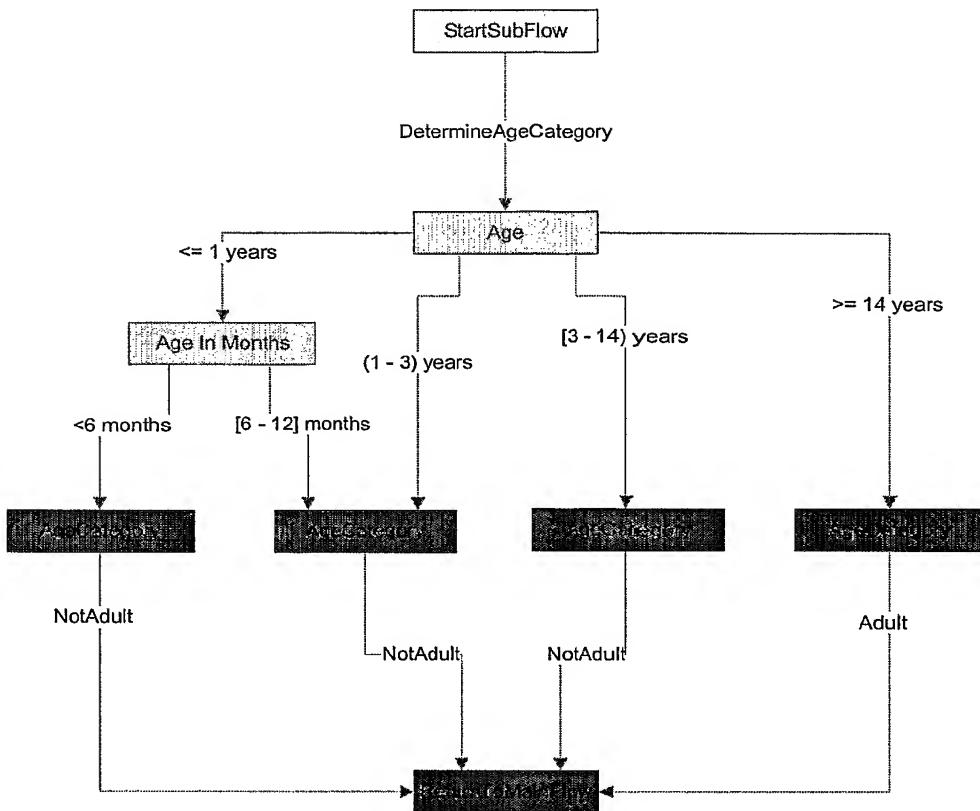


FIG. 6

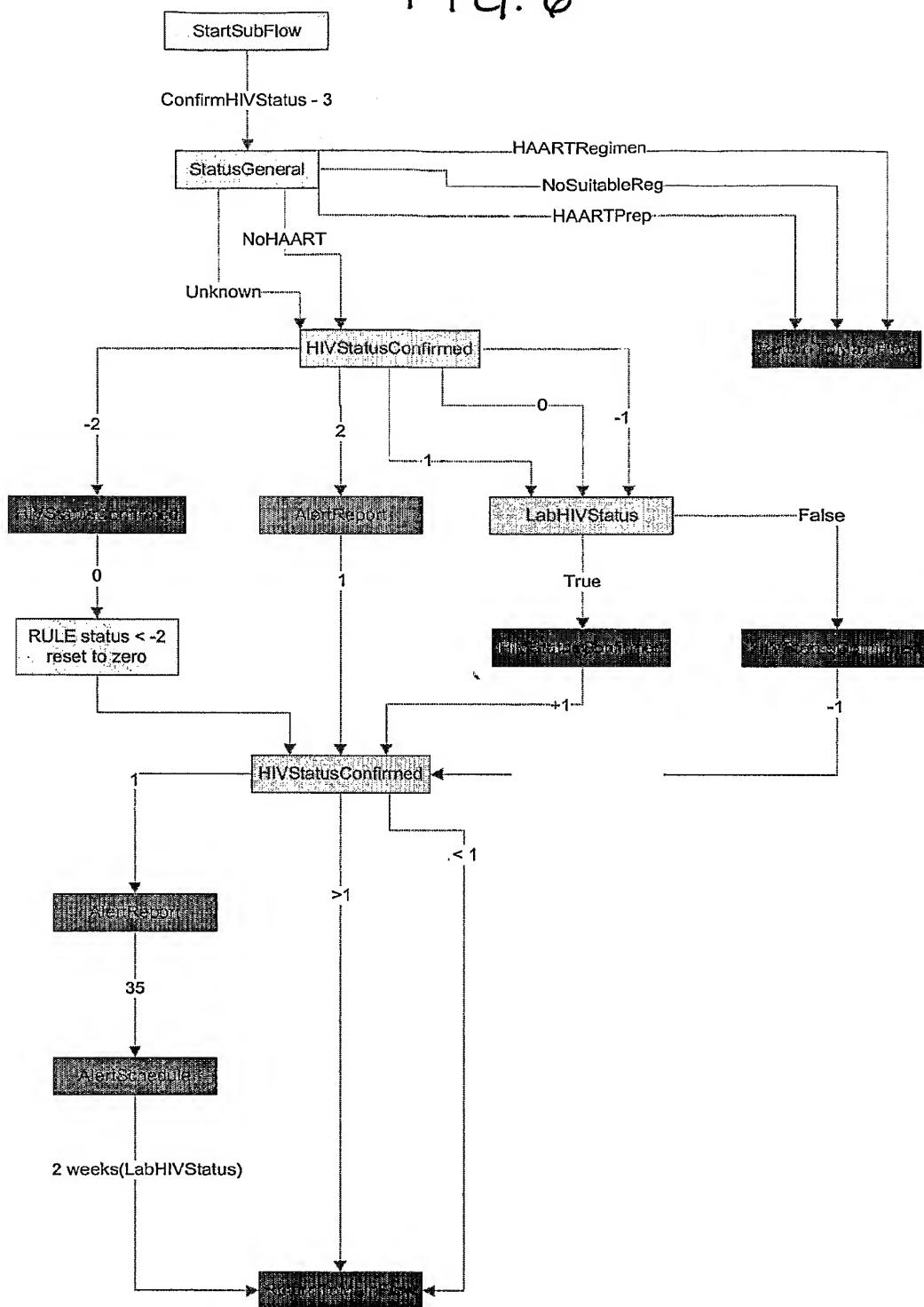
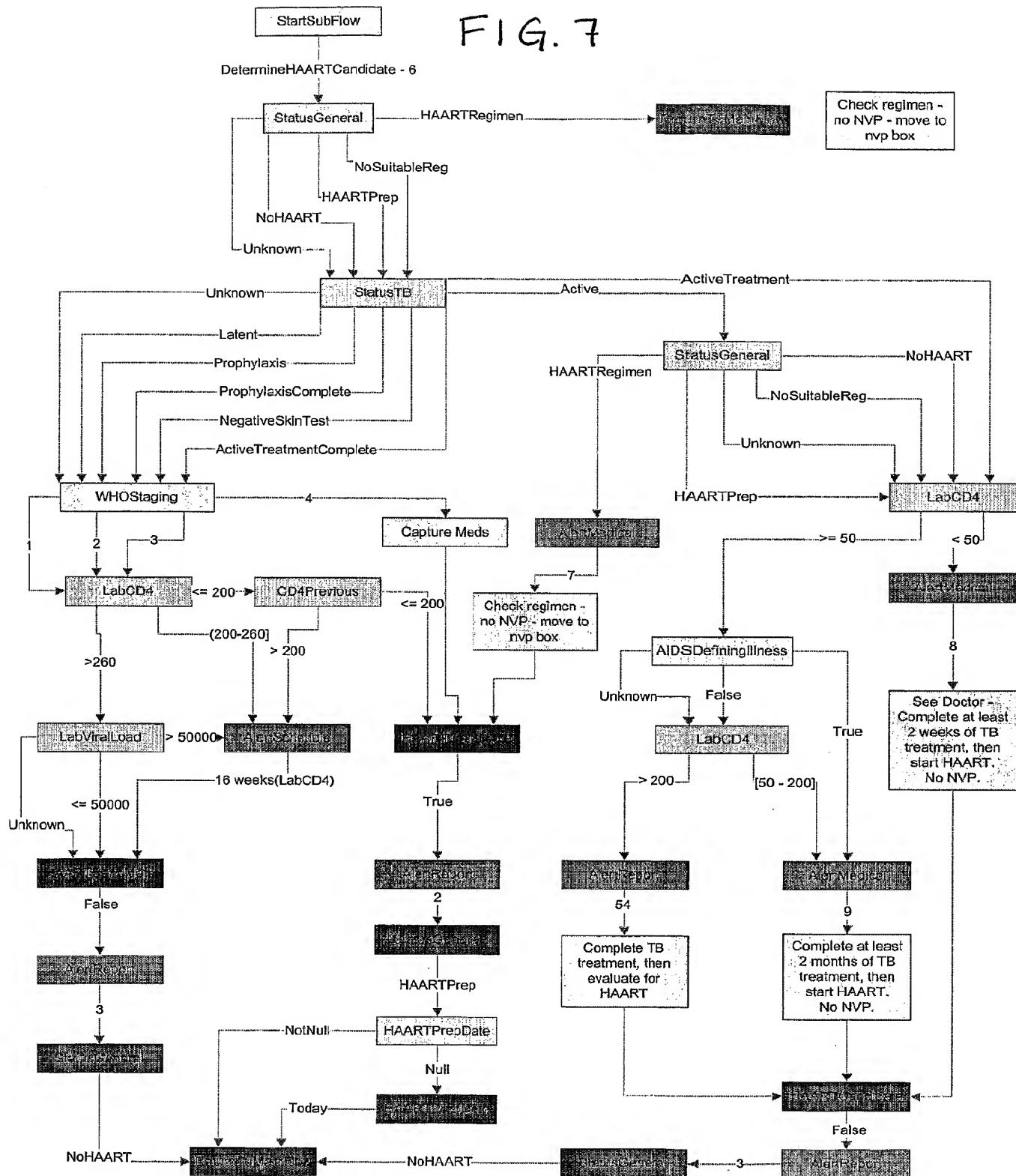


FIG. 7



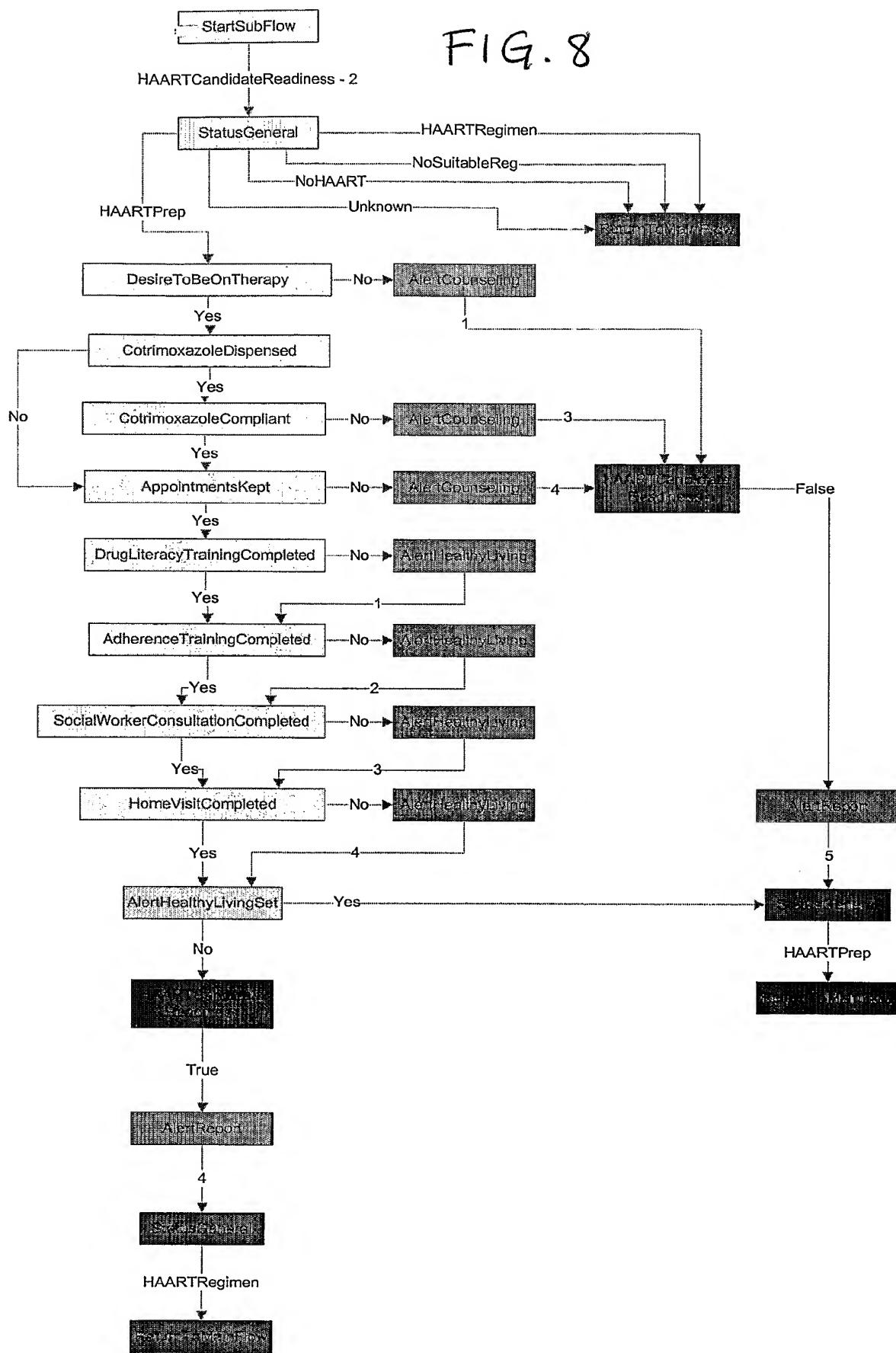


FIG. 9

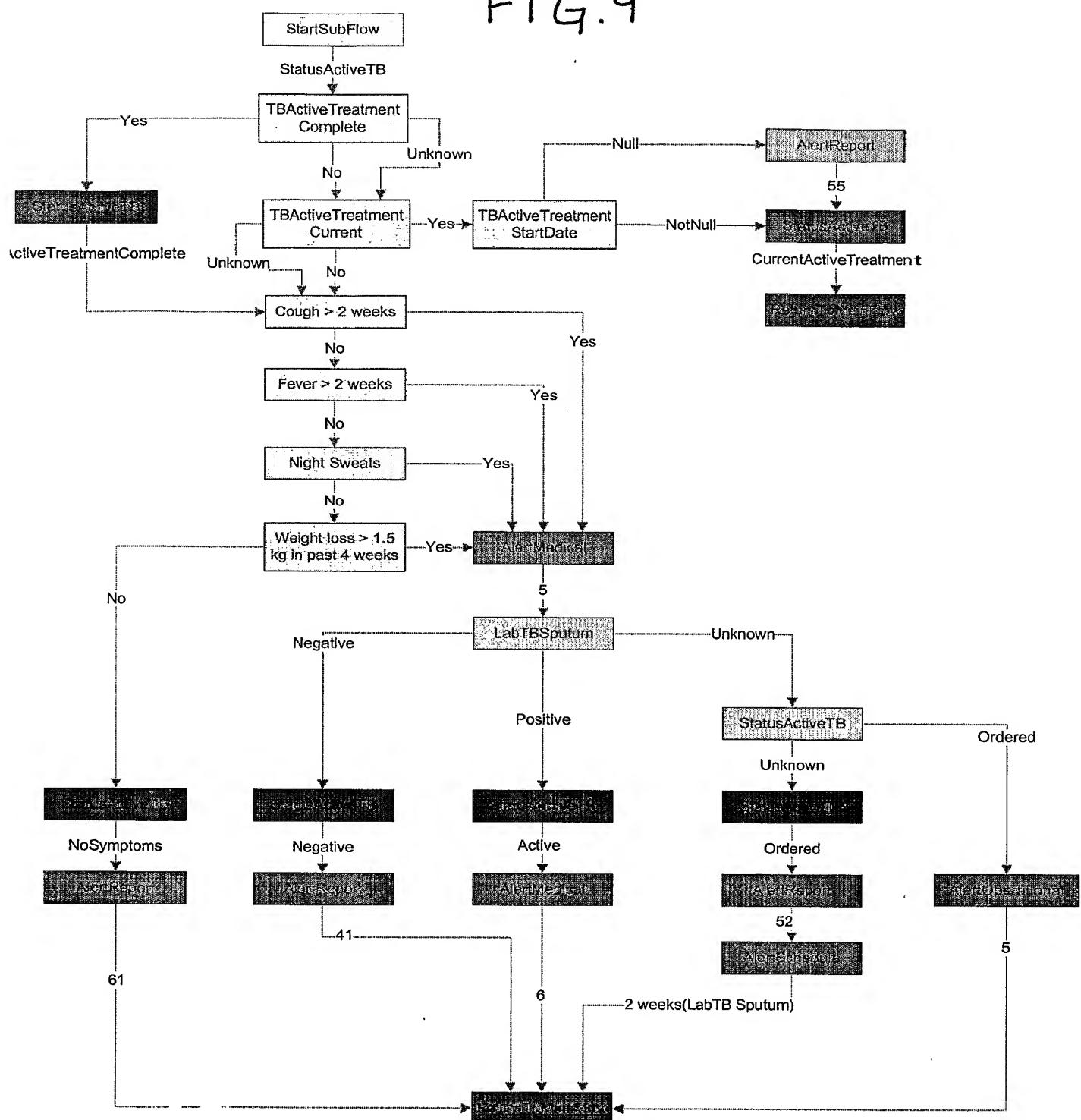


FIG. 10

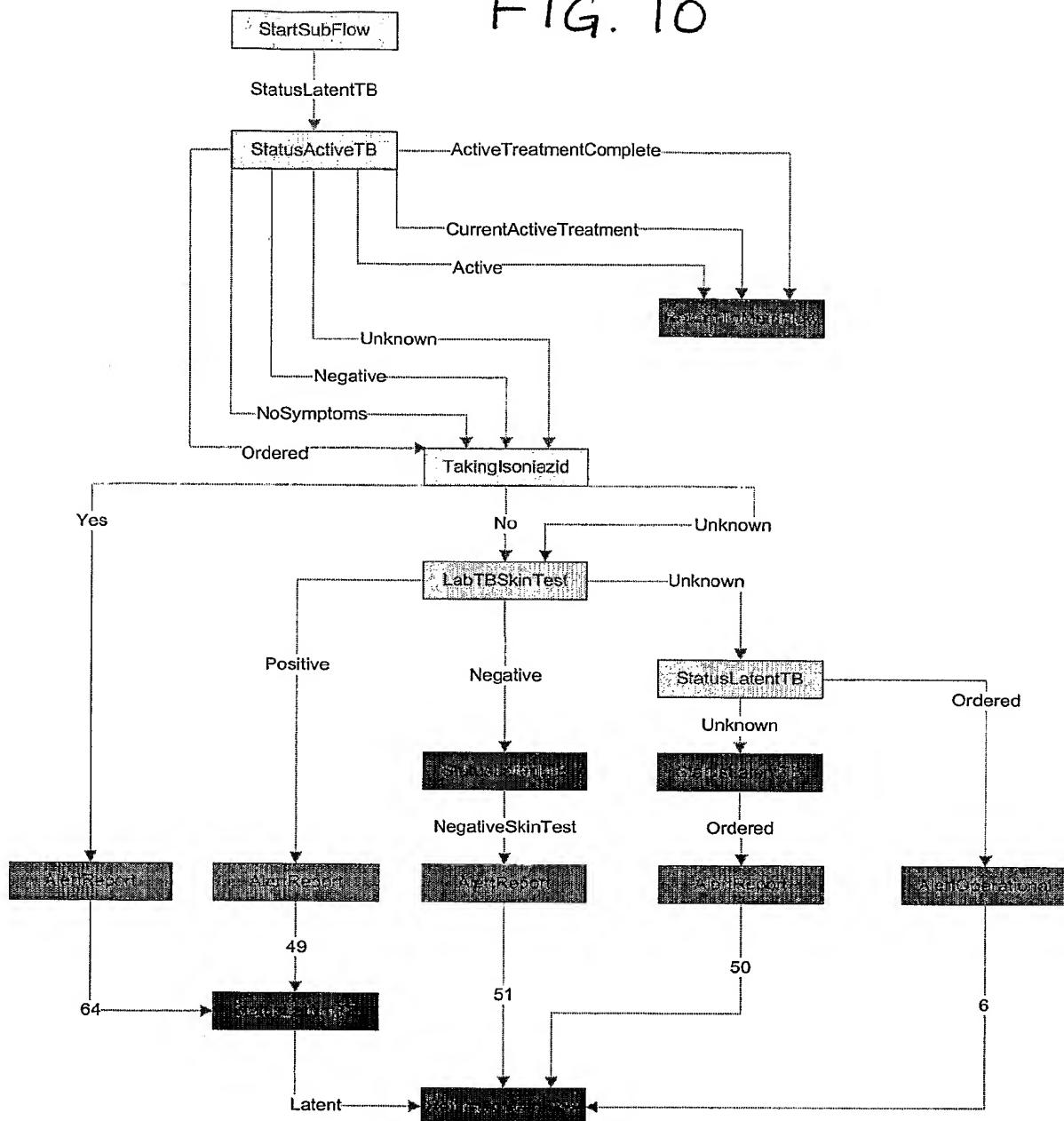


FIG. 11

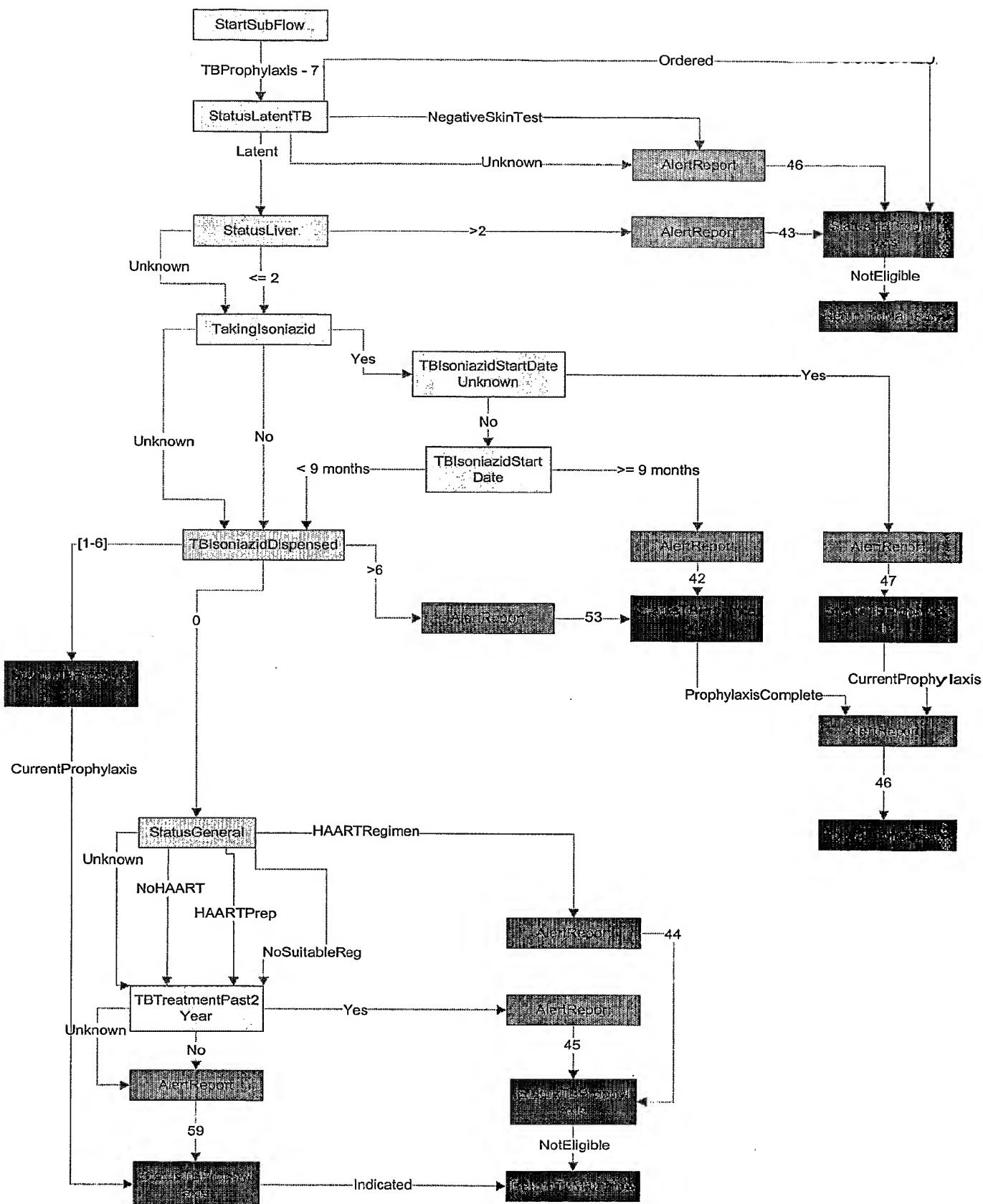


FIG. 12

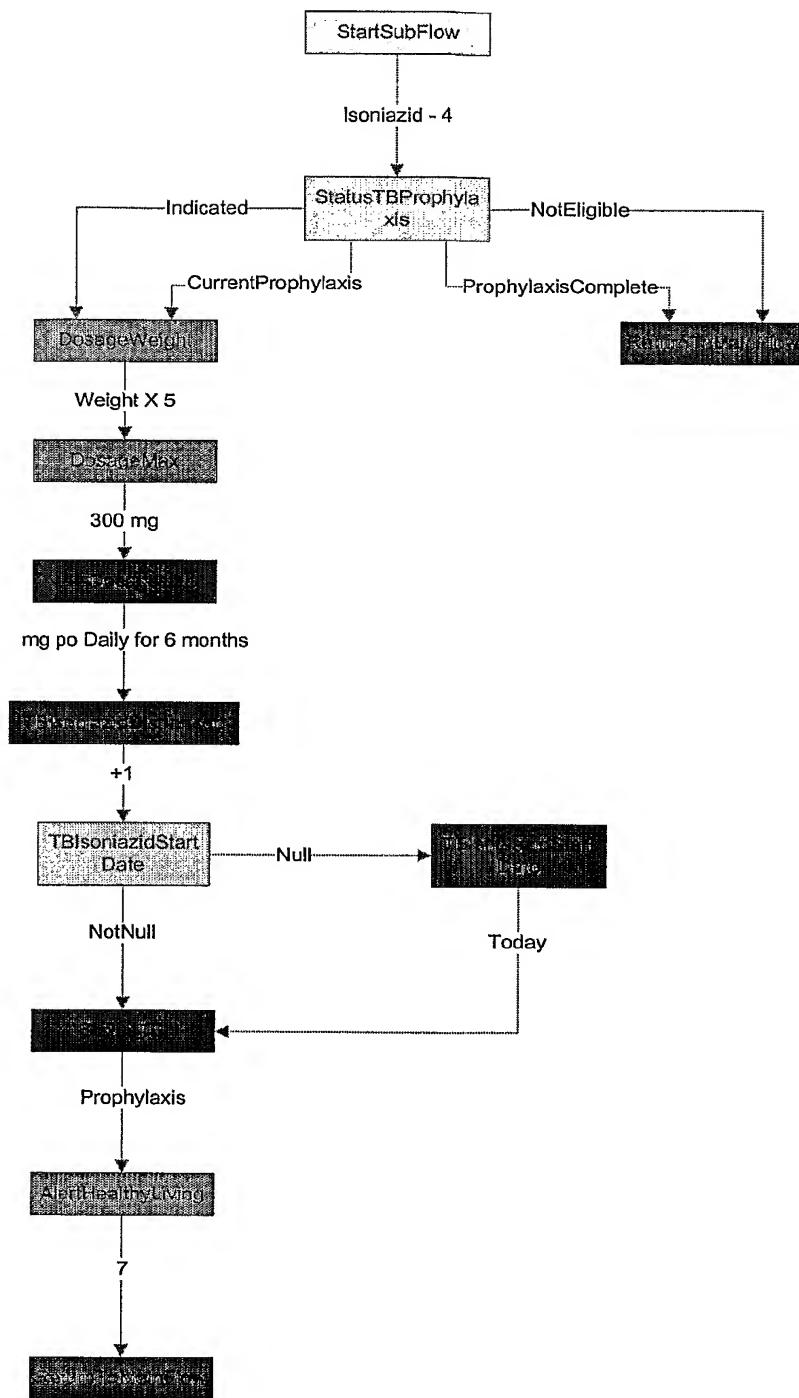


FIG. 13

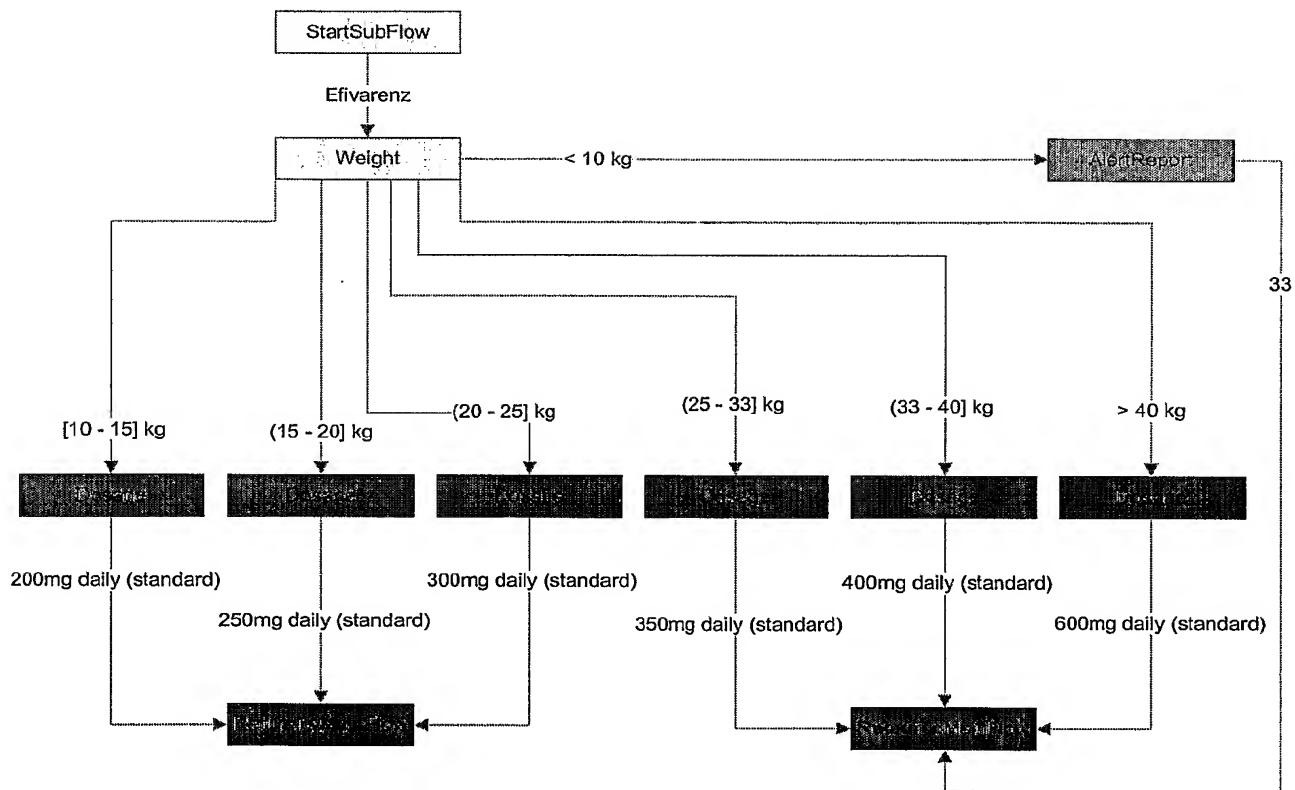
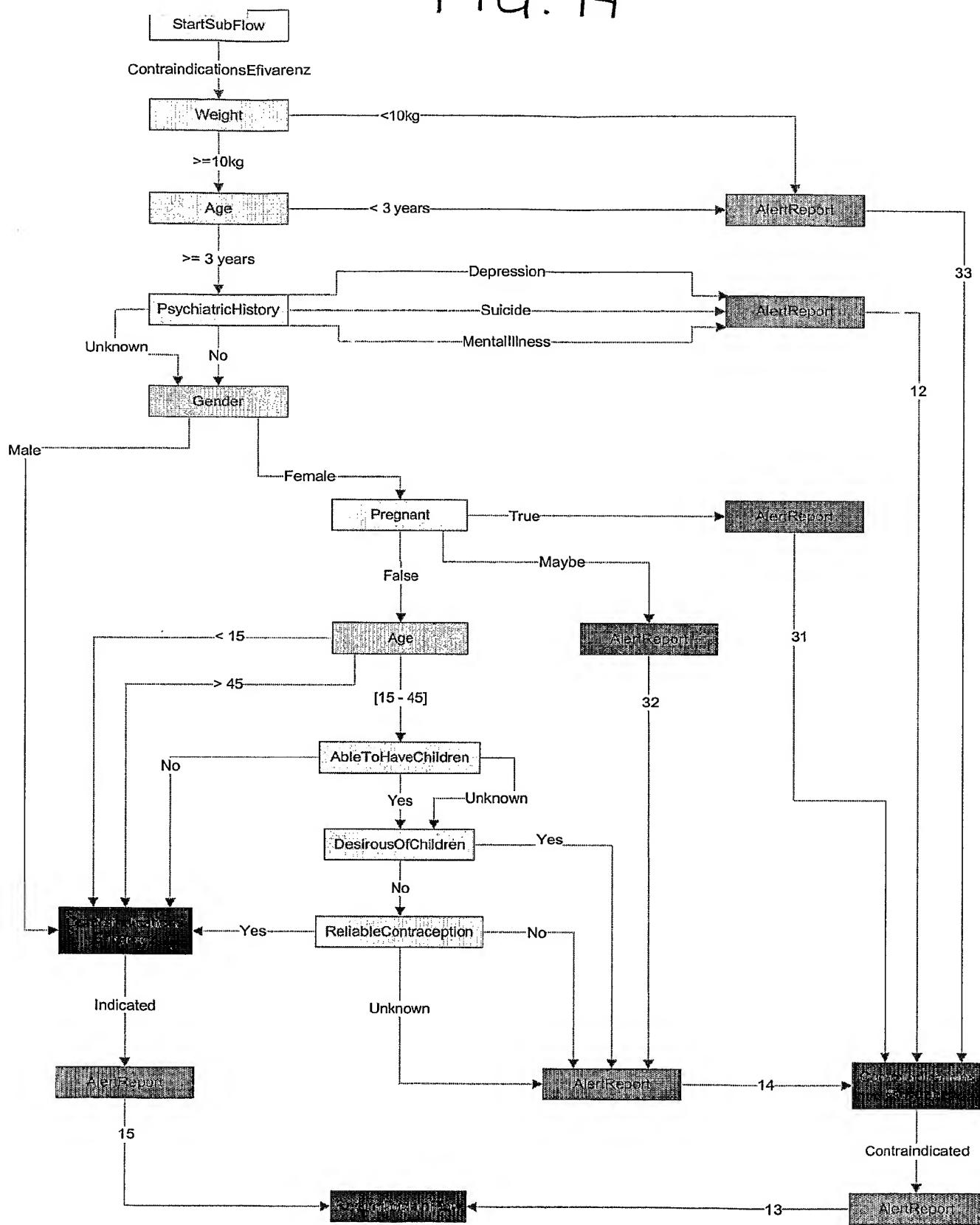


FIG. 14



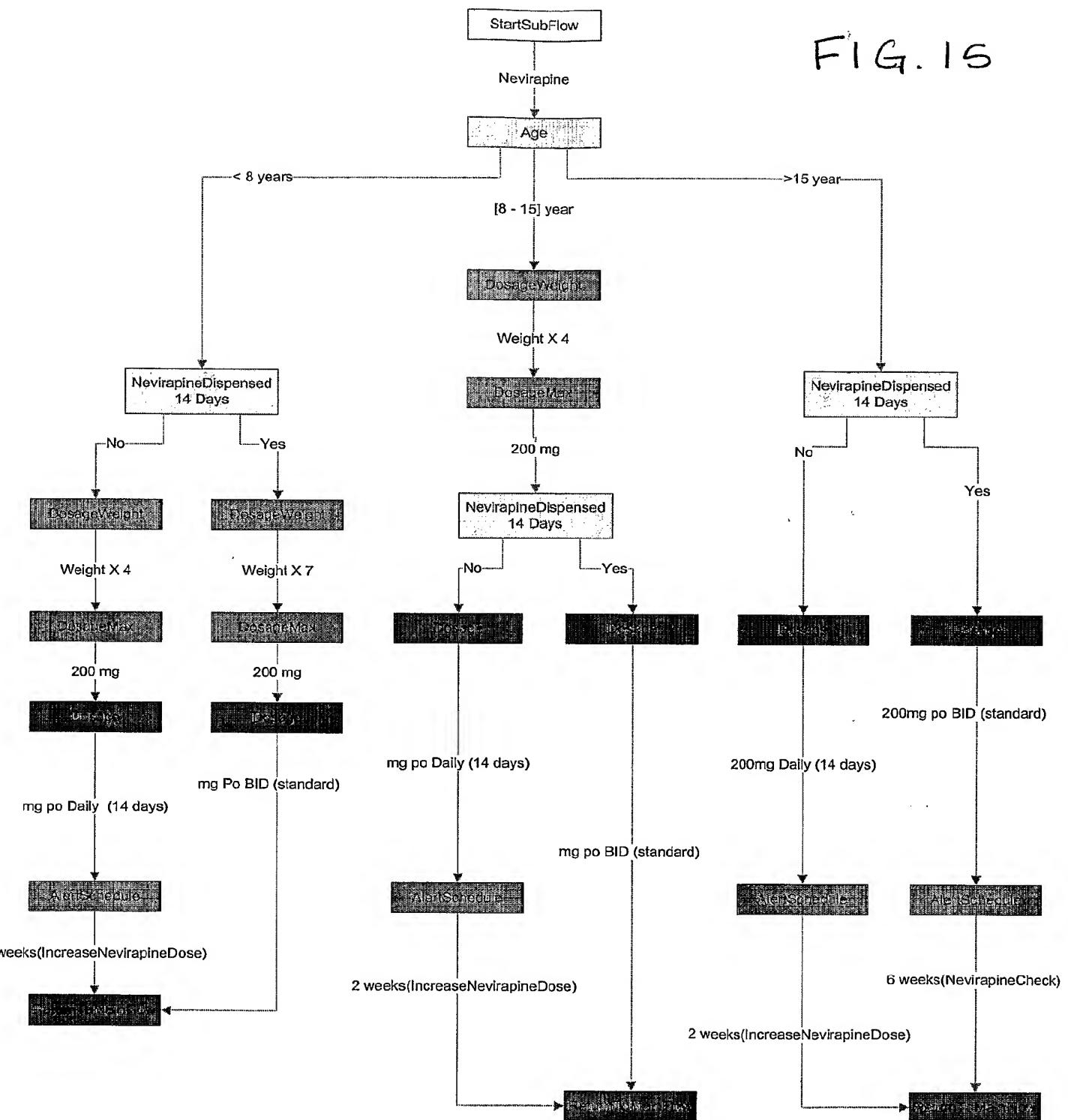


FIG. 16

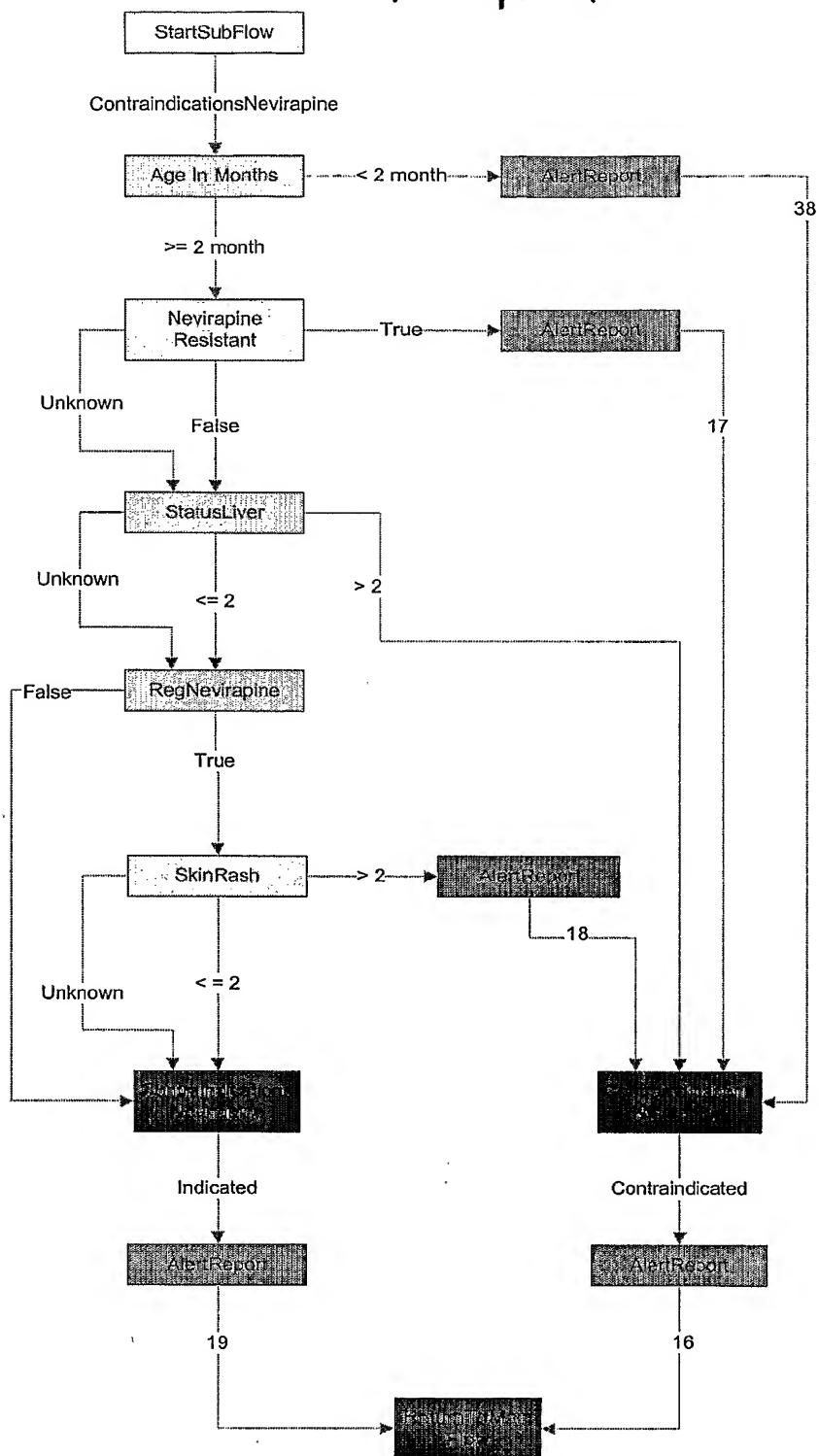


FIG. 17

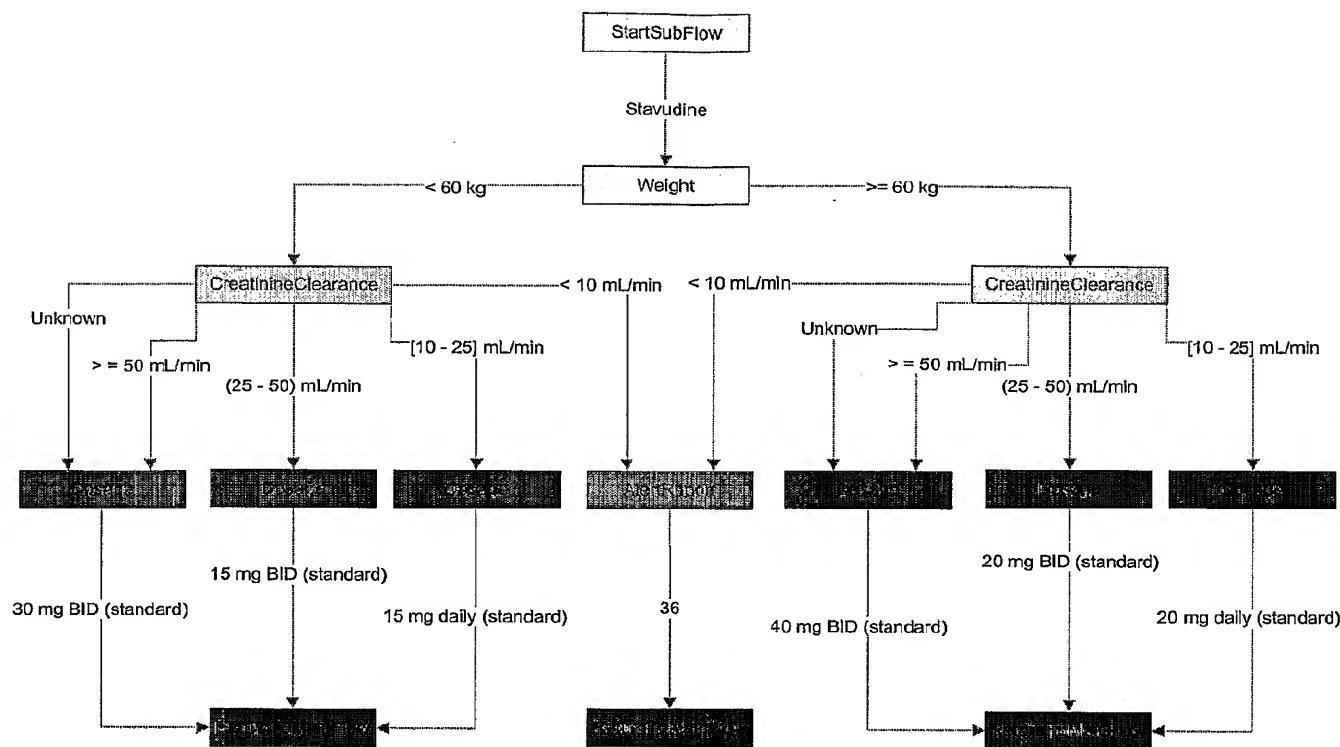


FIG. 18

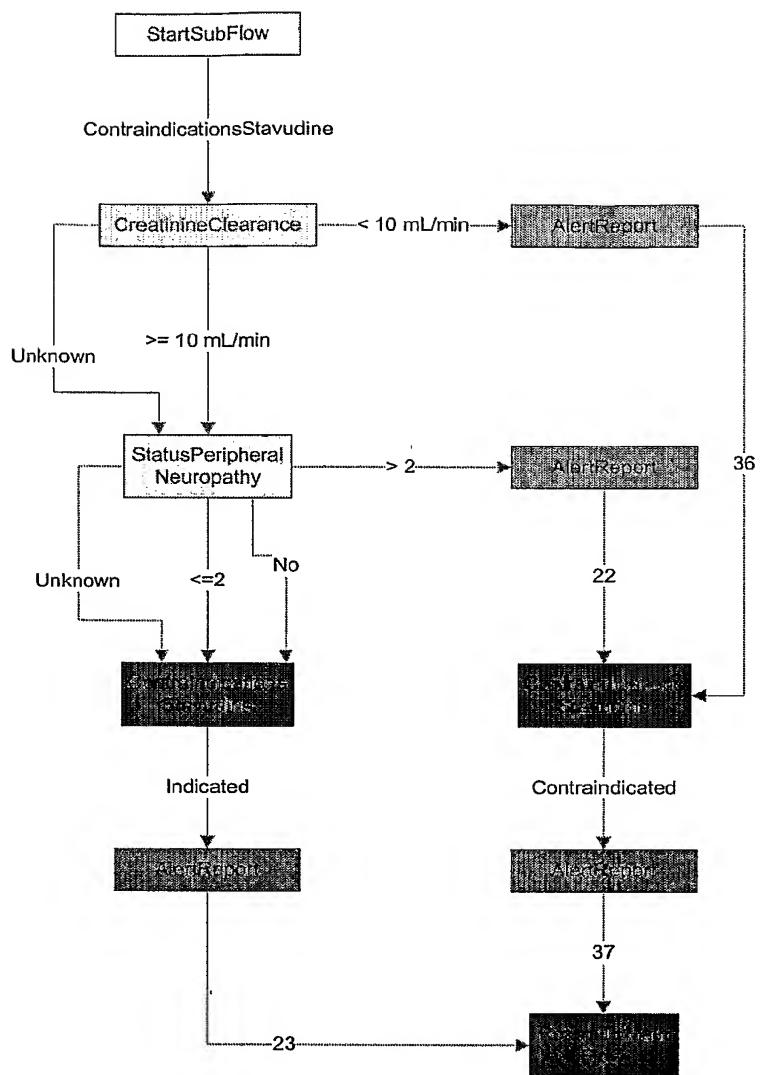


FIG. 19

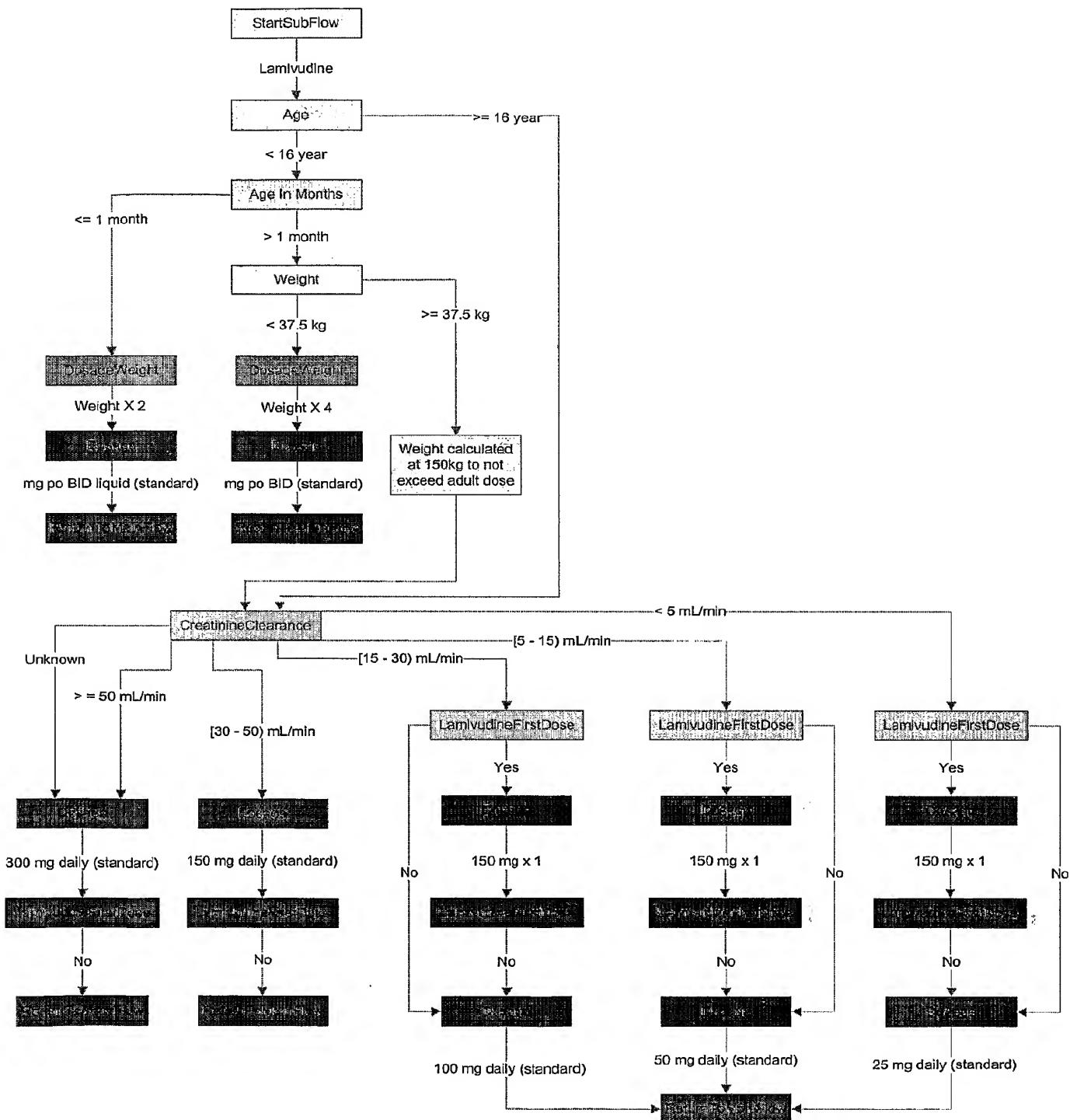
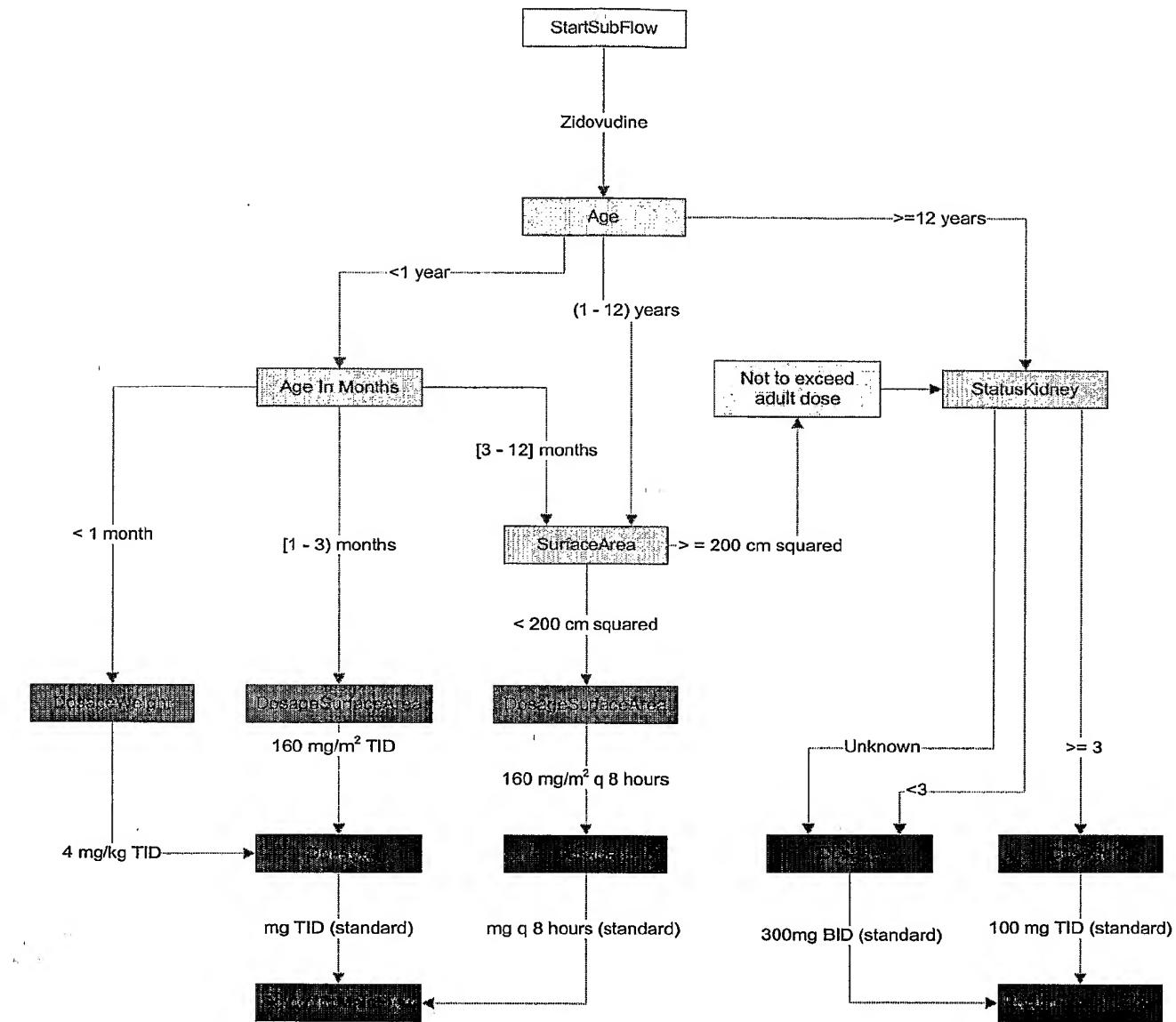


FIG. 20



$$\text{SA} = \text{Height}[\text{cm}] * (\text{Weight}[\text{kg}] / 36)$$

FIG. 21

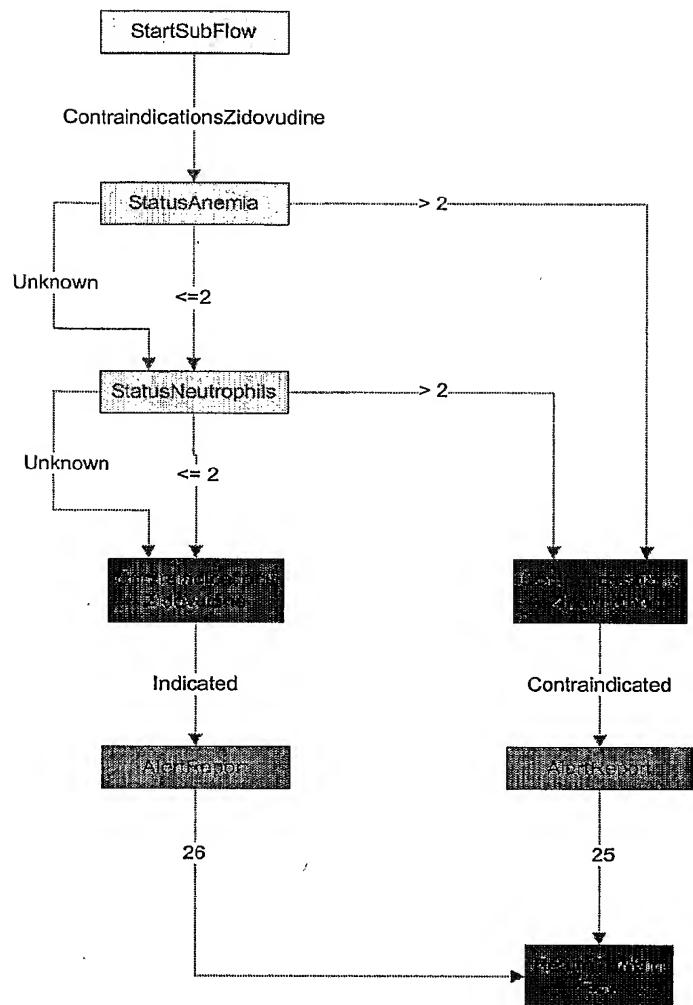


FIG. 22

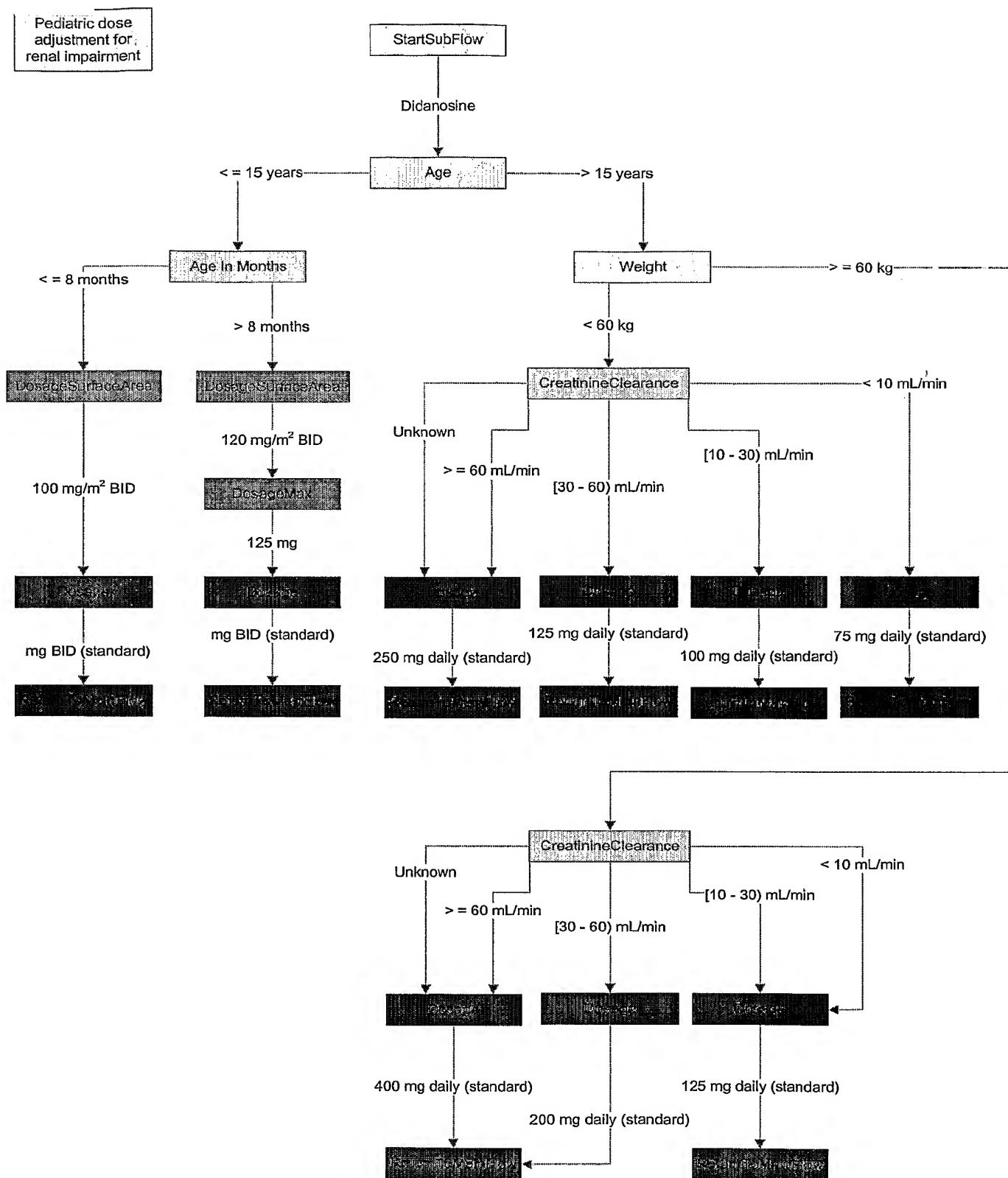


FIG. 23

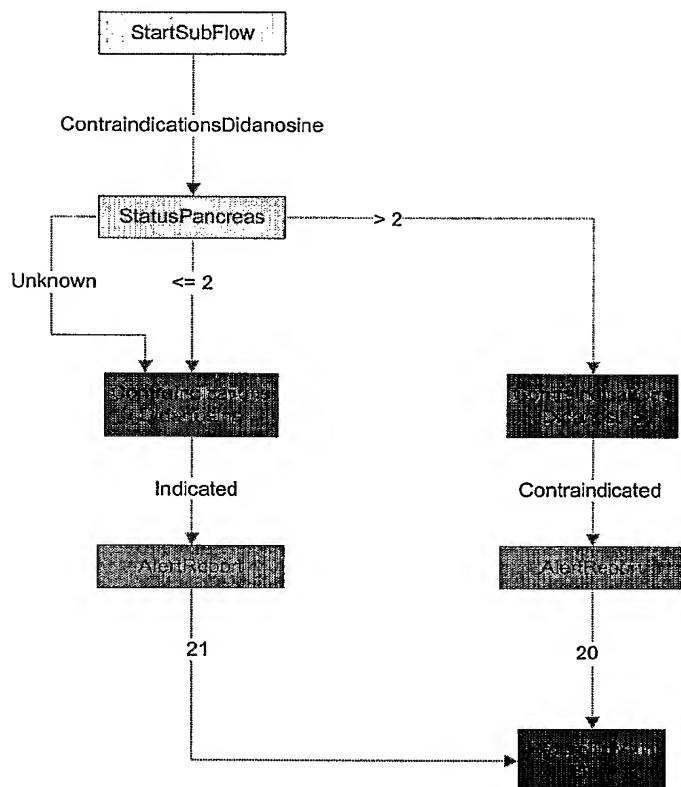


FIG. 24

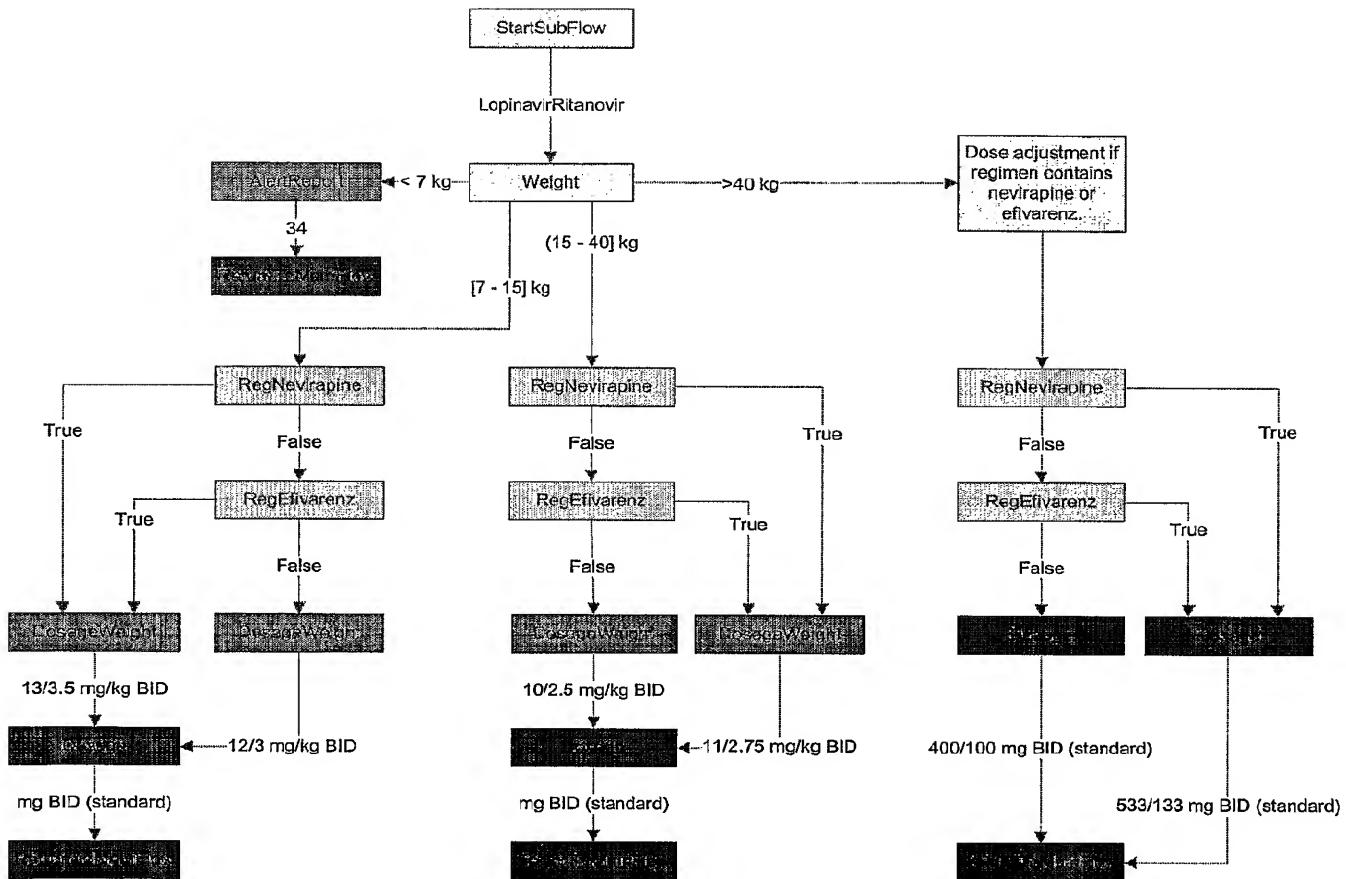


FIG. 2S

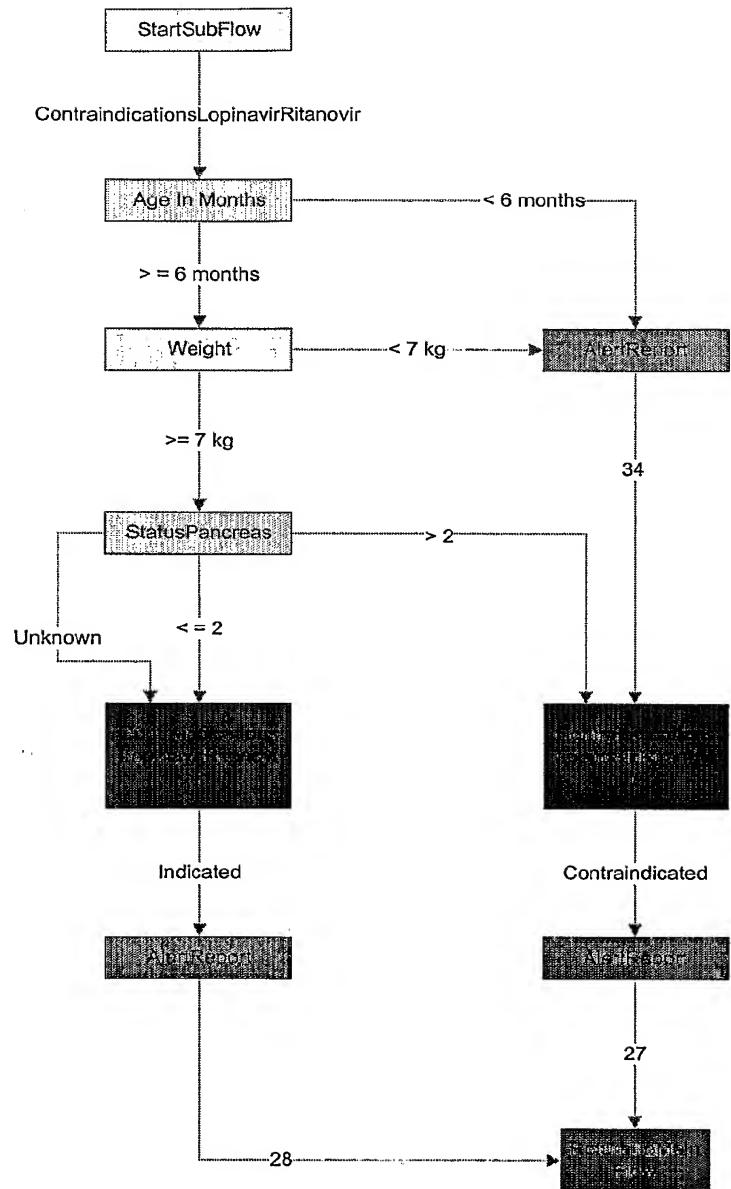
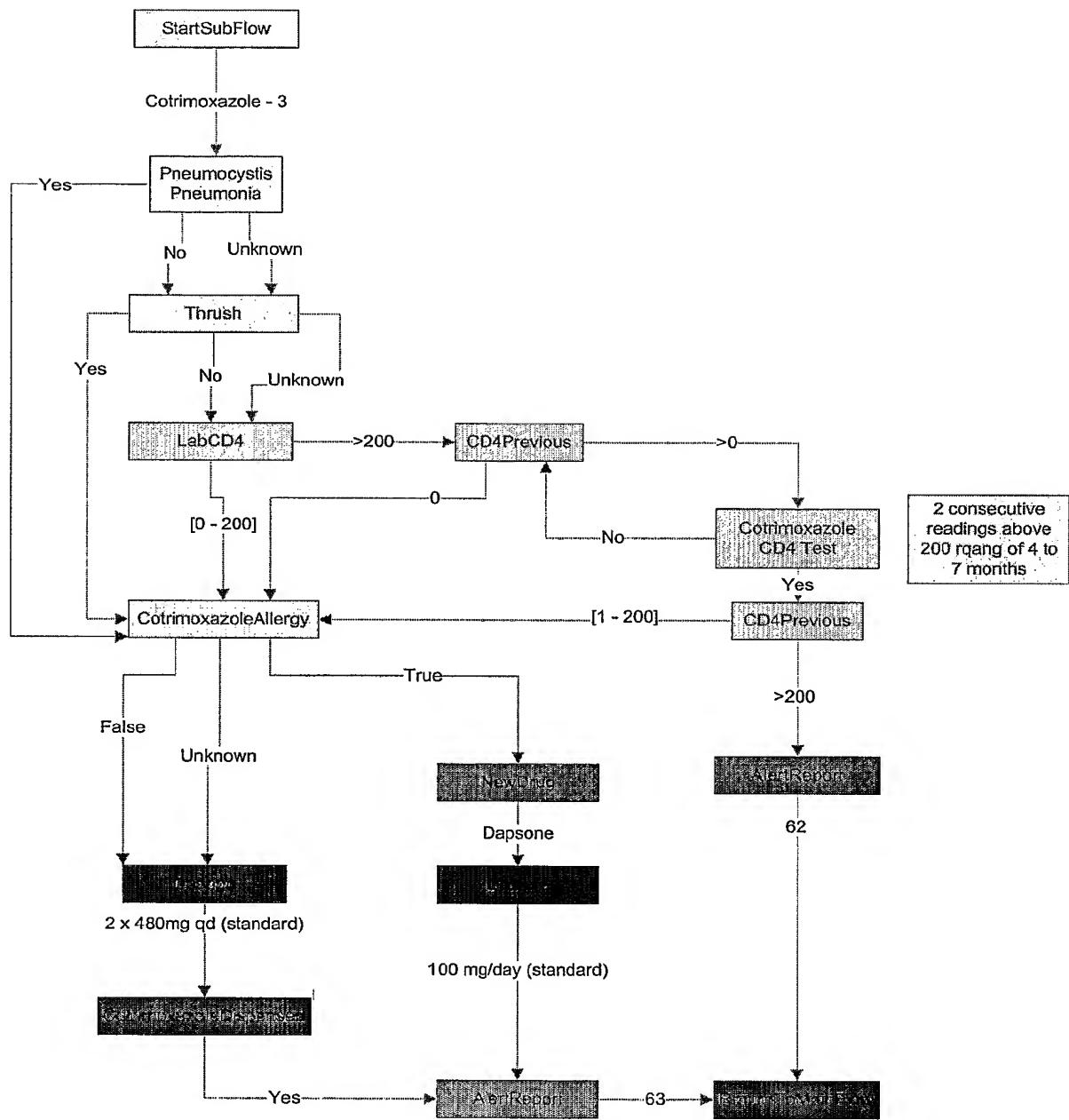
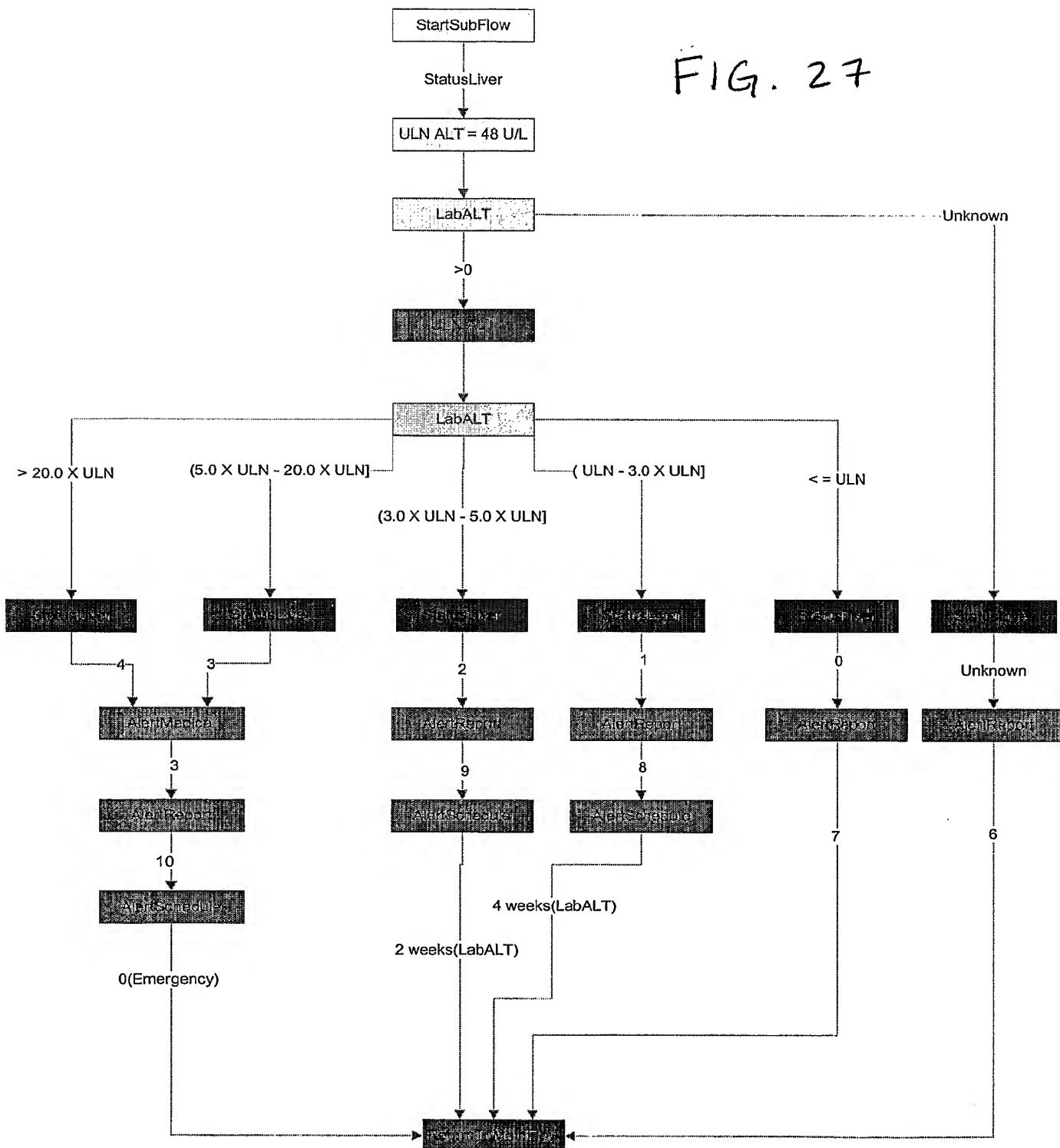


FIG. 26





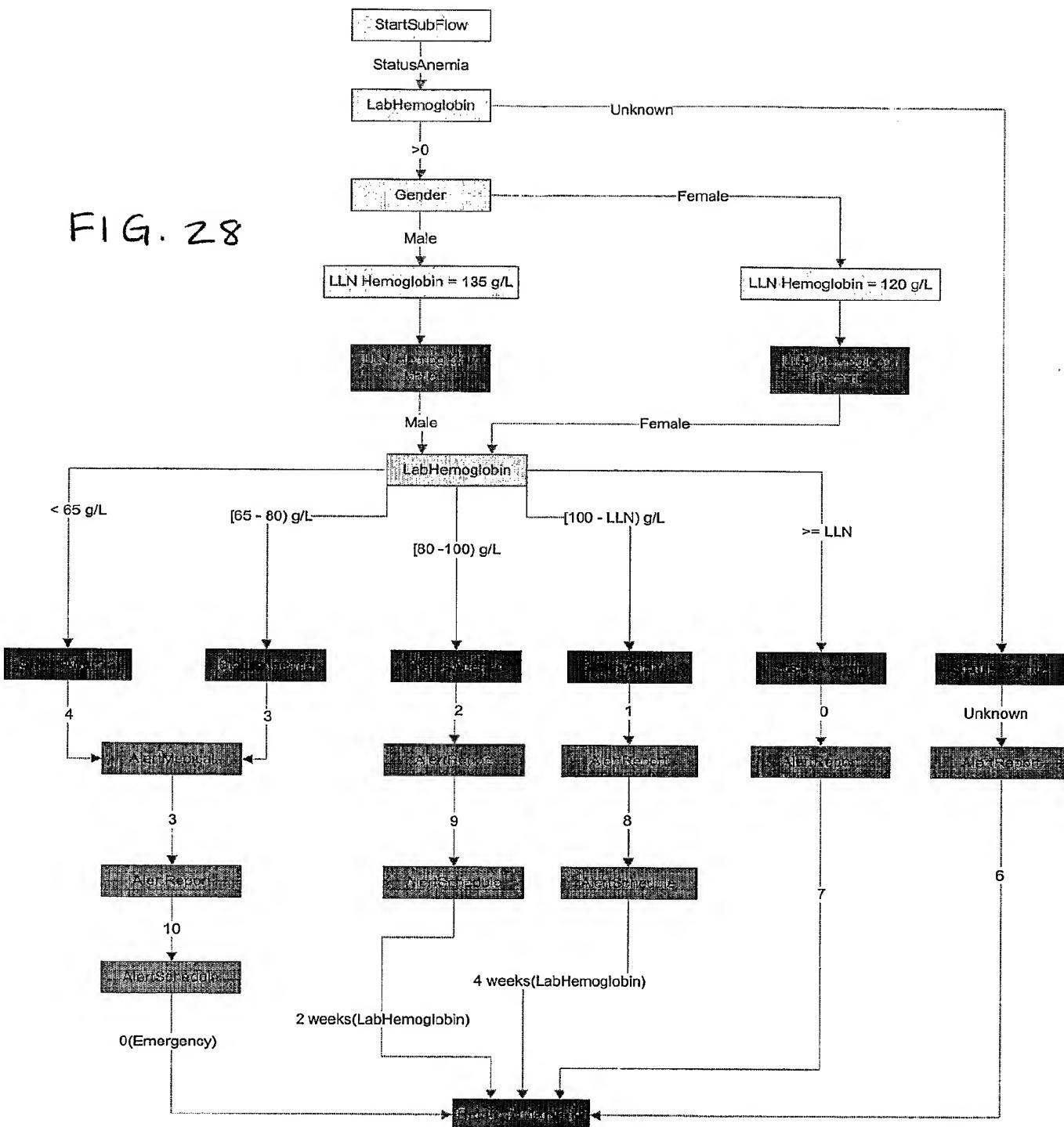


FIG. 29

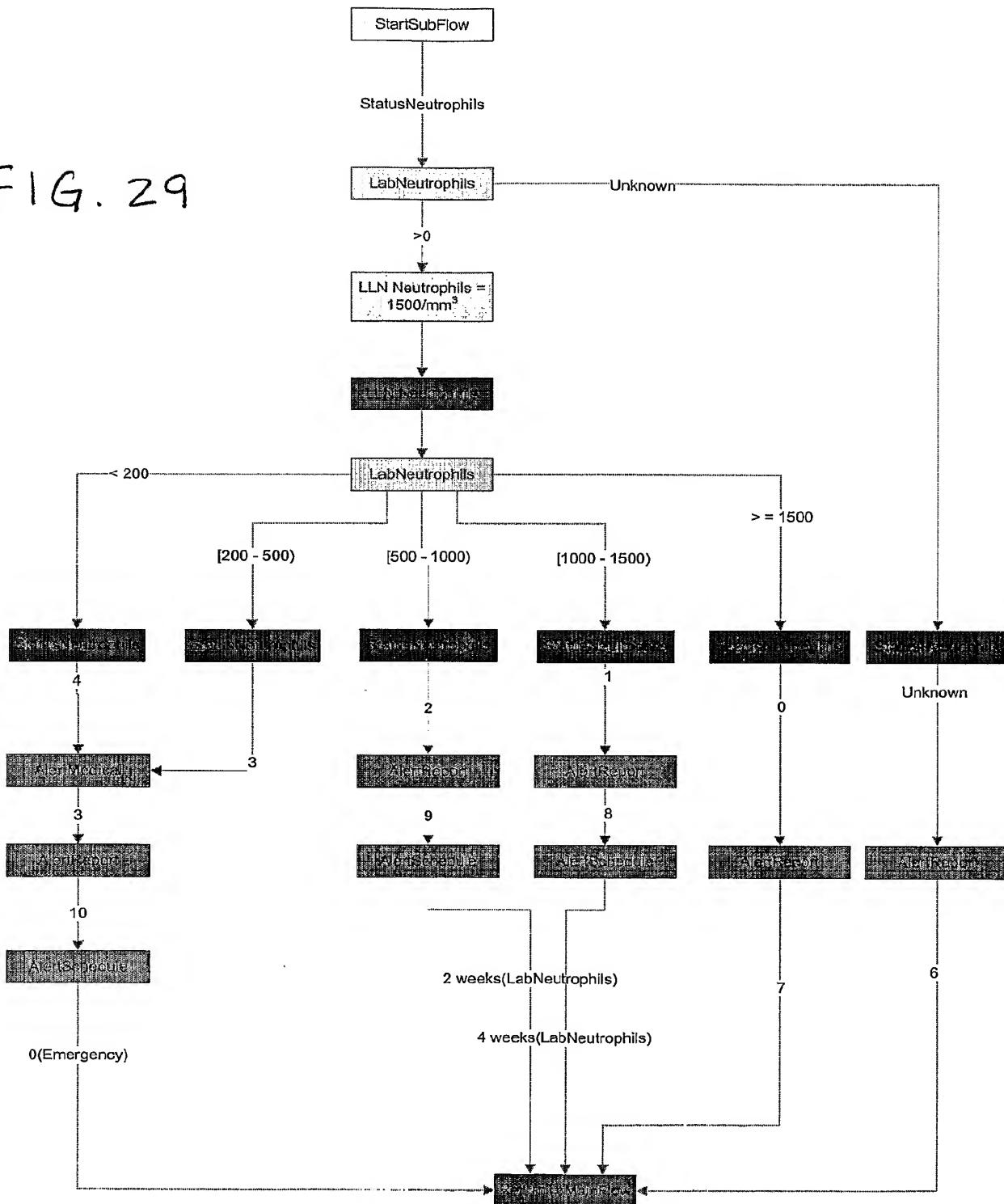


FIG. 30

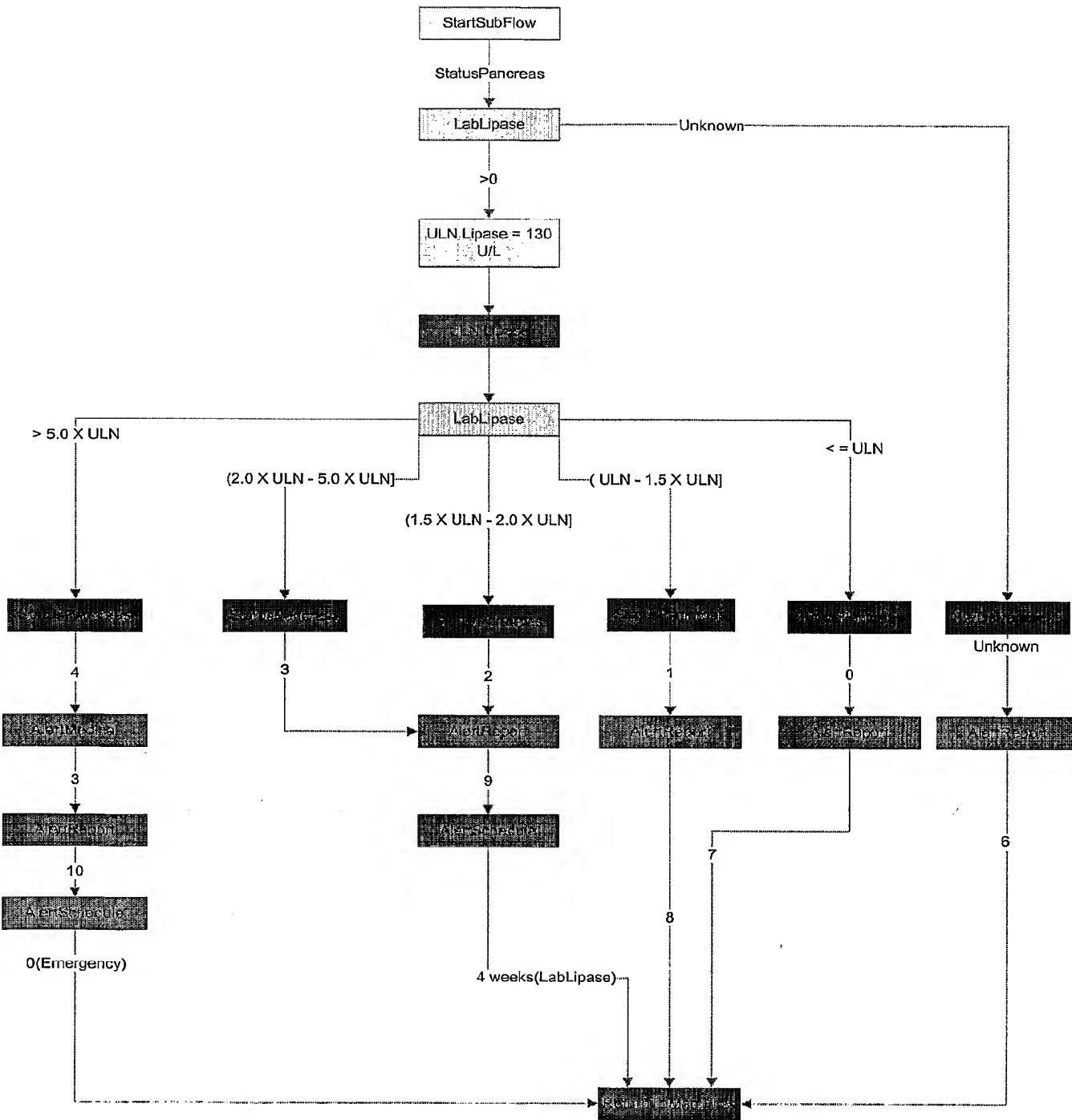


FIG. 31

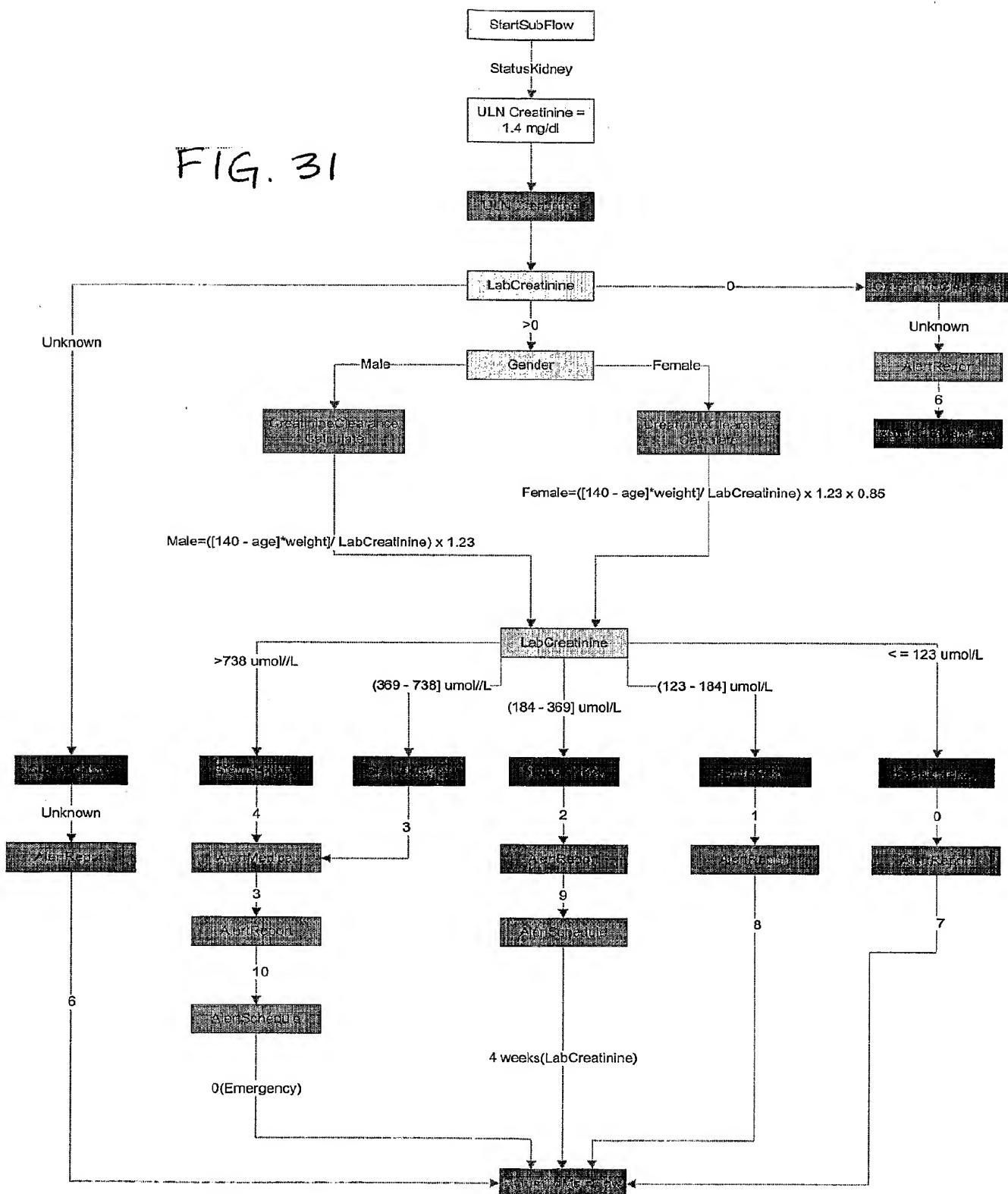


FIG. 32

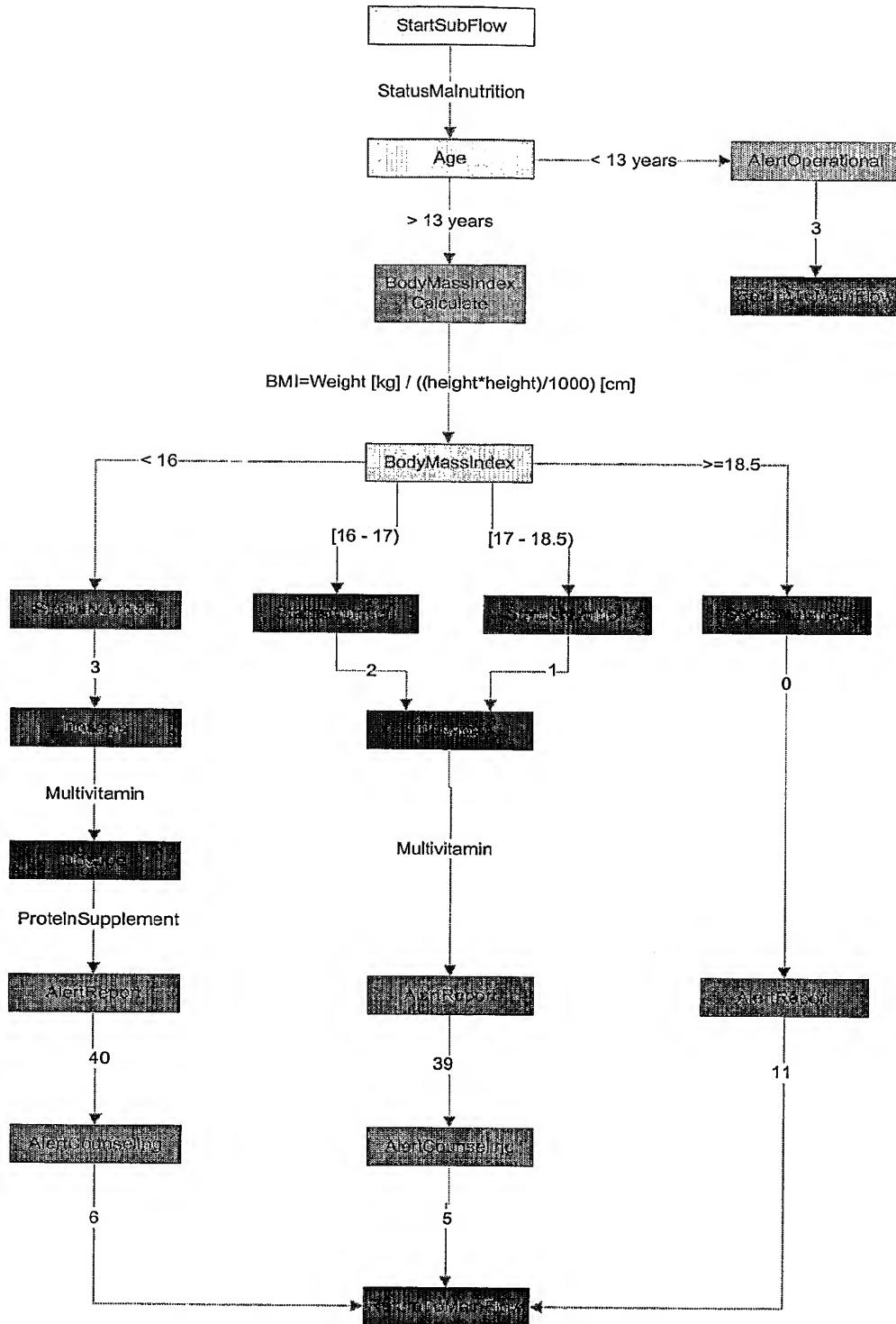


FIG. 33

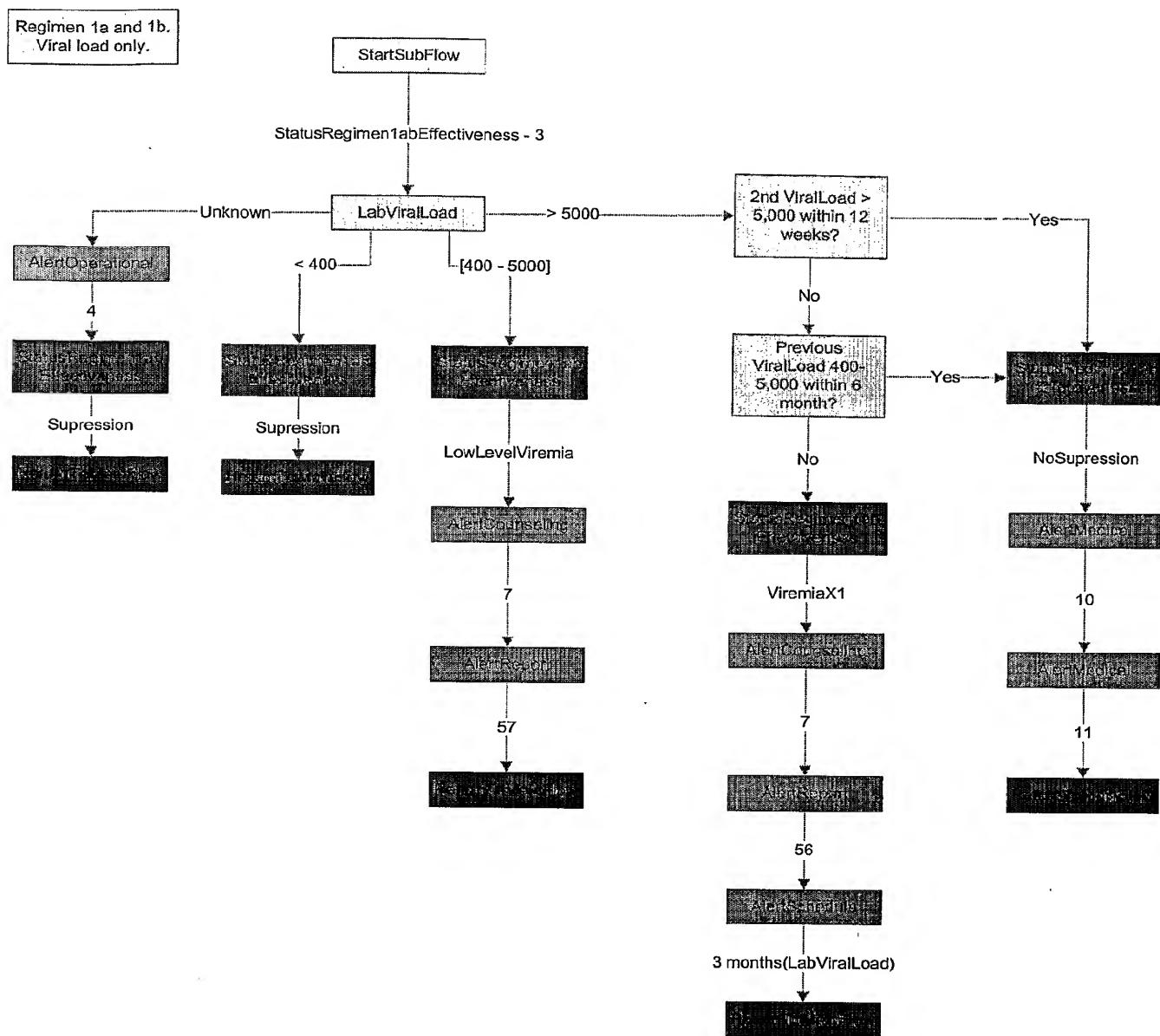


FIG. 34

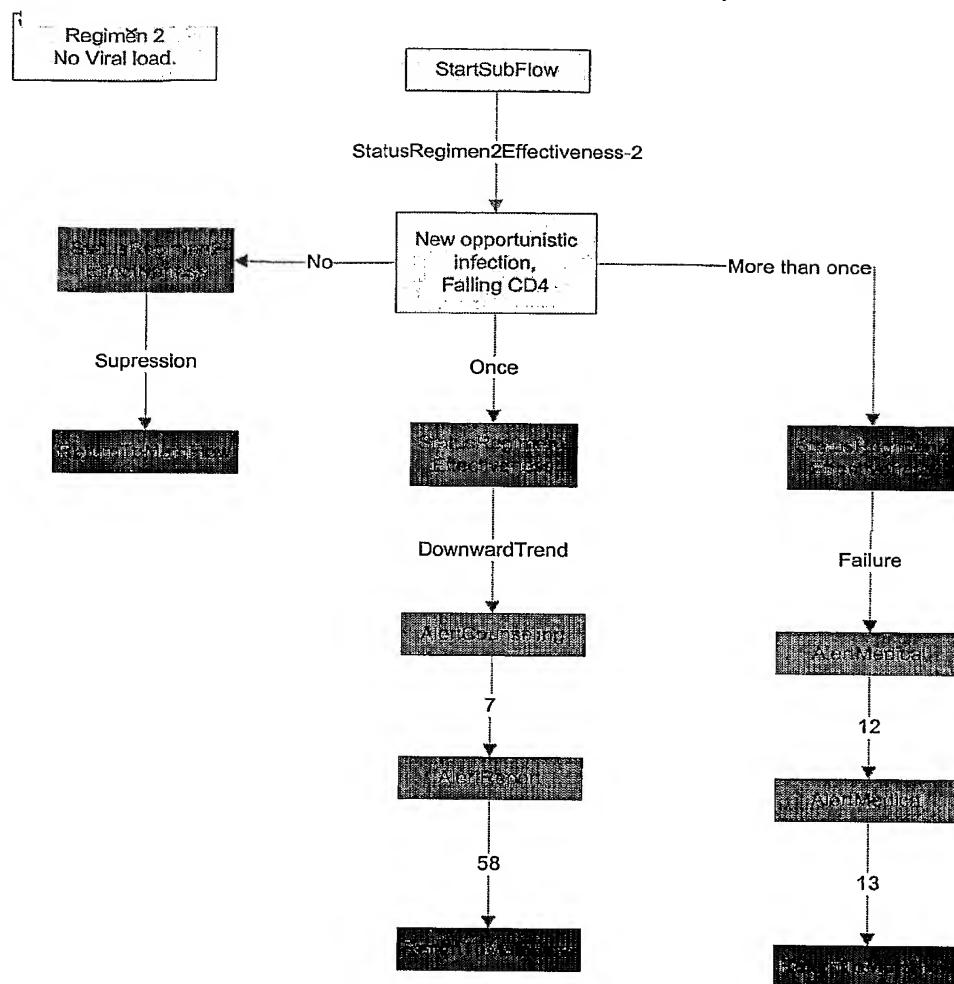


FIG. 35

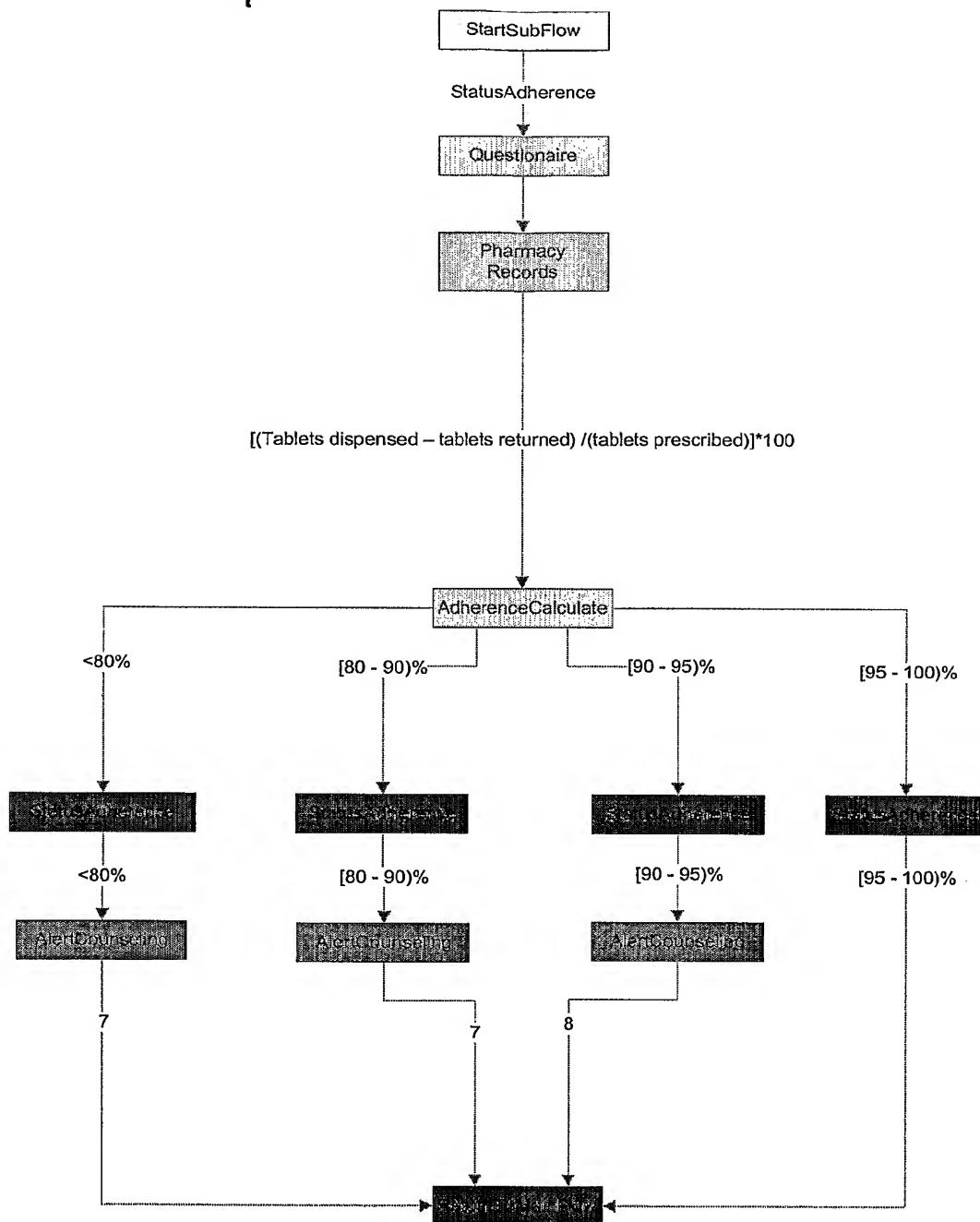


FIG. 36

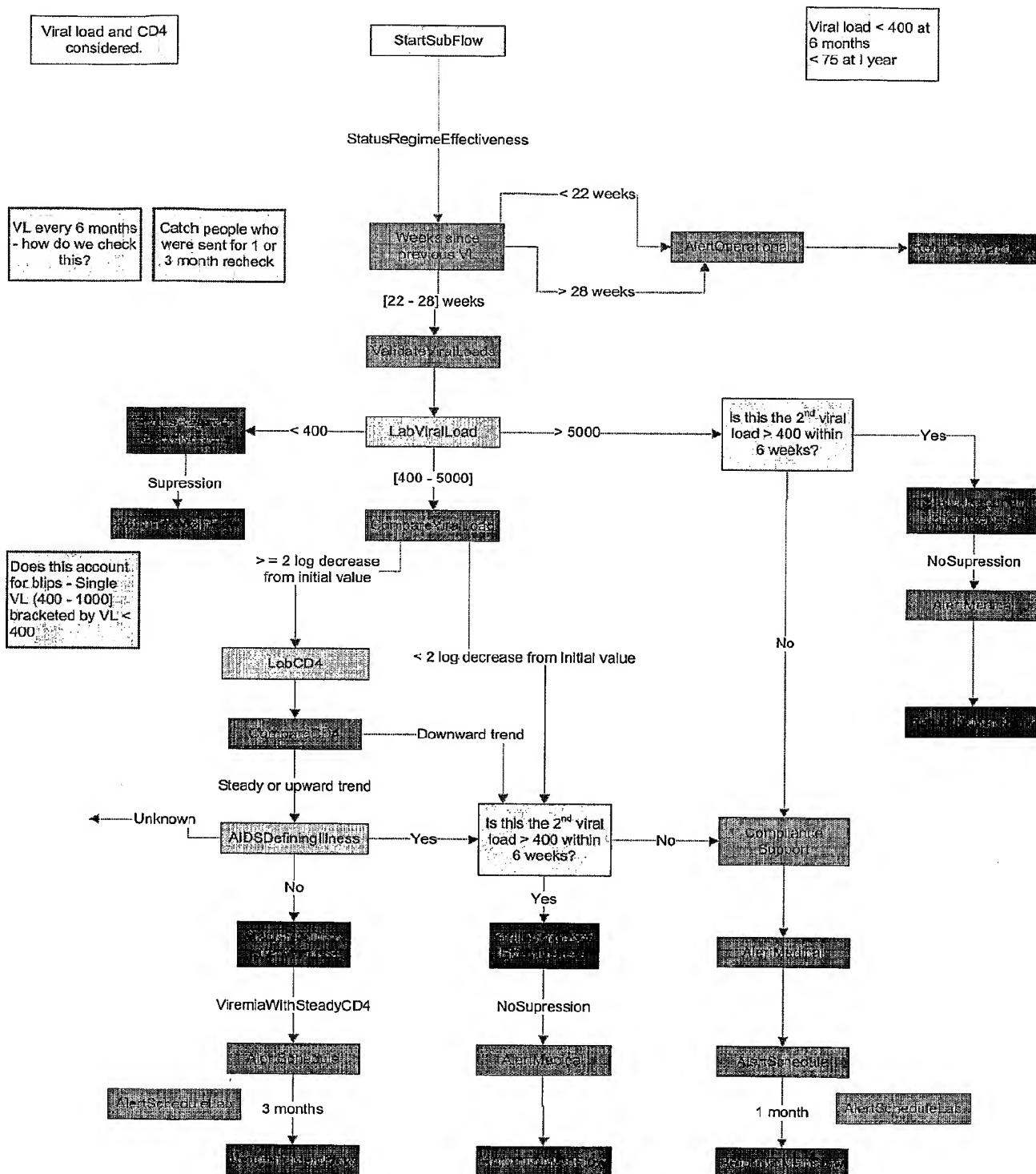


FIG. 37

Master Patient Data Entry

Master Patient

MasterPatientID		Address1	
Title		Address2	
First Name		Address3	
Middle Name		City	
Last Name		Province	
Male	<input checked="" type="radio"/>	Country	
Female	<input type="radio"/>	Zip	
Date Of Birth	YYYY/MM/DD	Cell Phone	
Place Of Birth		Home Phone	
Date Of Death		E-mail Address	
NationalID		MasterPatientDate	
Insurance		MasterPatientDateType	

FIG. 38

Dataverse UserID: Username: Site: Vendor: ClinID: ClinicProvince: Gardens Date Prepared: 2004/12/26 11:59:05 PM PatientID: 15

Clinical Data Form

Date of Birth: 1979 7 9
Height: 170 cm
Weight: 60 kg

HIV Status:

Are you currently on antiretroviral medicine for HIV/AIDS? Yes No HAART Reg 3Adu1a

Check drugs in regimen:

1A	EFV Simeprevir (Elvitegravir)	3TC Tenofovir (Tenofovir)	3TC Didanosine (Zidovudine)	3TC Rilavudine (Lamivudine)
1B	LPV Ritonavir (Ritonavir)	4T Zerit (stavudine)	4T AZT Retrovir (Zidovudine)	LPV Ritonavir (Ritonavir)
2	ddI Videx (Didanosine)	ddC Zalcitabine (Zalcitabine)	ddC Zerit (stavudine)	ddI Videx (Didanosine)
Unknown				

Do you want to be on medicine for AIDS? Yes No

Documented, number positive HIV tests? 0 1 2

Female

Gender: Male Female

Submit Reset Cancel

FIG. 39

Clinical Data Form

AIDS Defining Illness

AIDS-defining illness, at present or in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
---	------------------------------	-----------------------------	----------------------------------

Pneumocystis Pneumonia - current or previous?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
---	------------------------------	-----------------------------	----------------------------------

Thrush - persistent	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
---------------------	------------------------------	-----------------------------	----------------------------------

Bactrim

Allergic to Bactrim? YES NO Unknown

Was Bactrim Dispensed? YES NO

Bactrim Pill Count - Is patient compliant? YES NO

Has patient kept 3 appointments in a row? YES NO

Peripheral Neuropathy

Pain and/or tingling in hands and/or feet? YES NO Unknown

Buttons at the bottom:

- Save
- Reset
- Cancel

FIG. 40

FileEntry 1 - UserIDs 3 - Username - Add Sender - Clinical 1 - InfoProvince - Gaunting - PatientID 15 -

Clinical Data Form

Psychological

Psychological problems, present or in the past YES NO Unknown

Depression - overwhelming sadness, not related to any event Depression

Thoughts or attempts of suicide Suicide

Previous mental illness requiring treatment/hospitalization Mental illness

Regimen Failure

Has patient failed Regimen 1a YES NO Unknown

Has patient failed Regimen 1b YES NO Unknown

Nevirapine Resistant

Nevirapine Resistant - proven Yes No Unknown

Nevirapine

On Nevirapine within last month? Yes No

Print Back Reset Cancel

FIG. 41

Clinical Data Form UserID: 1 User Name: Adda Sander Clinic No.: 1 Clinic Province: Gauteng Patient ID: 15... [Close]

Clinical Data Form

TB Status

Treatment for active TB in the past 2 years? YES NO Unknown

Is your treatment for active TB complete? YES NO Unknown

Are you being treated for active TB now? YES NO Unknown

Are you taking Isoniazid to prevent TB now? YES NO Unknown

TB Symptoms

Cough > 2 weeks NO YES

Fever > 2 weeks NO YES

Night sweats NO YES

Weight loss > 1.5 kg in past 4 weeks NO YES

[Save] [Enter] [Reset] [Cancel]

The screenshot shows a computer application window titled "Clinical Data Form". The window has a menu bar at the top with items like "File", "Edit", "View", "Insert", "Format", "Tools", and "Help". Below the menu is a toolbar with icons for "New", "Open", "Save", "Print", "Exit", "Copy", "Paste", "Delete", "Find", "Replace", "Select All", and "Clear". The main area contains a form with sections for "TB Status" and "TB Symptoms". The "TB Status" section contains four questions with three response options each: "Treatment for active TB in the past 2 years?", "Is your treatment for active TB complete?", "Are you being treated for active TB now?", and "Are you taking Isoniazid to prevent TB now?". The "TB Symptoms" section contains four symptoms with two response options each: "Cough > 2 weeks", "Fever > 2 weeks", "Night sweats", and "Weight loss > 1.5 kg in past 4 weeks". At the bottom right of the form are buttons for "Save", "Enter", "Reset", and "Cancel". The status bar at the bottom of the window displays "Microsoft Internet Explorer 5.5" and "Page 45 of 54".

FIG. 42

HAART Prep Form

Operations

Safer Sex Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Home Work Issues Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Legal Protection Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Nutrition Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Drug Literacy Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>
Home Assessment Completed	<input type="button" value="NO"/>	<input type="button" value="YES"/>

FIG. 43

Labs Form

Patient ID:	15
Previous Lab:	11/24/2004
LABS Complete:	No

Current CD4:	30	cells/mL	Unknown	YYYY: 2004	MM: 12	DD: 27	Previously Ordered: Not Ordered
Previous CD4:	45	cells/mL	Unknown	YYYY: 2004	MM: 11	DD: 24	
Viral Load:	chem3	Unknown					
Liver - ALT:	UL	Unknown					Not Done
Hemoglobin:	g/L	Unknown					
Neutrophils:	mm ³	Unknown					
Lipase:	UL	Unknown					
Creatinine:	umol/L	Unknown					
TB Skin Test:	Positive	Negative	Unknown				
Sputum - TB:	Positive	Negative	Unknown	2004	12	27	

Error - Correct Lab Error

FIG. 44

Labs Form

Patient ID:	15						
Previous Lab:	11/24/2004	LABS Complete	Onewide				
Current CD4:	30	Cells/mL	Unknown	YYYY: 2004	MM: 12	DD: 27	Previously Ordered
Previous CD4:	45	Cells/mL	Unknown	YYYY: 2004	MM: 11	DD: 24	
Viral Load:	cmm3	Unknown					
Liver-ALT:	UL	Unknown					Not Done
Homoglobin:	g/L	Unknown					
Neutrophils:	MM3	Unknown					
Lipase:	U/L	Unknown					
Creatinine:	umol/L	Unknown					
TB Skin Test:	Positive	Rejected	Unknown				
Sputum -TB:	Positive	Negative	Unknown	YYYY: 2004	MM: 12	DD: 27	

Lab Entered

FIG. 45

User ID: 3 Username: Adele.Simone Clinic No.: 4 Clinic Provider: Gantopra Patient ID: 15

New Patient Existing Patient Reports Voices

Patient ID: 15 Today's Date: 2004/12/27 Close Print

Alerts:
High [Medium] Low
 Active TB - requires treatment
 Signs of active TB

Medication:
 Ectam 2x480mg cd (standard)

Next Appointment:
 Regular Scheduled 2005/01/05
 Labs: ALT

Healthy Living:

Demographics:

Gender: Male Age: 25 Weight: 60 kg Height: 170 cm

Regimen:
 1a
 5 Weeks

Current CD4: 30 Cells/ml 2004-12-27
Previous CD4: 45 Cells/ml 2004-11-24

Viral Load:
Liver - ALT:
Hemoglobin:
Neutrophils:
Lipase:
Creatinine:

TB Skin Test: TB Sputum Positive 2004-12-27

HIV Status	HAART Candidate	Compliance	Effectiveness
G	R	R	

FIG. 46

Patient ID: 3 User Name: Steve Sanders Clinic No.: 1 Clinic Province: California Patient ID: 15

Patient Flow Analysis

PatientID 15	Date 2004/12/27								
Alerts High Active TB- requires treatment Signs of active TB									
Alerts Medium Bacitracin prophylaxis indicated									
Alerts Low (Subnormal) unknown Nutrition within normal limits									
Medication Bacitracin 2x 450mg qd (standard)									
Next Appointment Regular Scheduled 2005/01/05 Labs: ALT									
Healthy Living									
<table border="1"> <tr> <th>HIV Status</th> <th>HAART Candidate</th> <th>Compliance</th> <th>Effectiveness</th> </tr> <tr> <td>[Filled]</td> <td>[Empty]</td> <td>[Empty]</td> <td>[Empty]</td> </tr> </table>		HIV Status	HAART Candidate	Compliance	Effectiveness	[Filled]	[Empty]	[Empty]	[Empty]
HIV Status	HAART Candidate	Compliance	Effectiveness						
[Filled]	[Empty]	[Empty]	[Empty]						

Current CD4: 30 Cells/mL 2004-12-27
Previous CD4: 45 Cells/mL 2004-11-24
Viral Load:
Liver - ALT:
Hemoglobin:
Neutrophils:
Lipase:
Creatinine:
TB Skin Test: Positive 2004-12-27

MSN Messenger
microsoft.com
has just signed in.
Options

FIG. 47

Display Patient

Creation Date	2004/12/27 12:01:45 AM	Patient ID	123
Date of Birth	1979/07/09	cm	
Height	170	kg	
Weight	60		
Are you currently on antiretroviral medicine for HIV/AIDS?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
HIV/T Reg SAG on site			
<input type="checkbox"/> Select <input type="checkbox"/> Print <input type="checkbox"/> Close			
Documented, number positive HIV tests?			
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
Gender:			
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
AIDS-defining illness, at present or in the past?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Pruritis/Psoriasis - current or previous?			
<input checked="" type="checkbox"/> Thruout - persistent			
Allergic to Bacitracin?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Was Bacitracin Dispensed?			
<input checked="" type="checkbox"/> No patient compliant			
Has patient kept 3 appointments in a row?			
<input checked="" type="checkbox"/> Yes			
Pain and/or tingling in hands and/or feet?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Unknown			
Psychological problems, present or in the past?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Unknown			
Has patient failed Regimen 1a			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Has patient failed Regimen 1b			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Nevirapine Resistant - proven			
On Nevirapine within last month?			
<input checked="" type="checkbox"/> Yes			
Treatment for active TB in the past 2 years?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Unknown			
Is your treatment for active TB complete?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Unknown			
Are you being treated for active TB now?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Unknown			
Are you taking Isoniazid to prevent TB now?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Unknown			
Cough > 2 weeks			
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			
Fever > 2 weeks			
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			
Night sweats			
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			
Weight loss > 1.5 kg in past 4 weeks			
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			

FIG. 48

Appointment Status

Patient ID: Select Print Close

HAART Regimen Start: 2004/11/24 Regimen: HAARTRegSAGov1a

Last Appointment: 2004/12/27

Weeks since HAART initiated: 5 Next Scheduled Appointment: 2005/01/19

Patient Appointment due in 3 weeks

Procedures to be performed:

Drug Pickup
 Education
 Physical Exam - Doctor

Lab Tests:

ALT

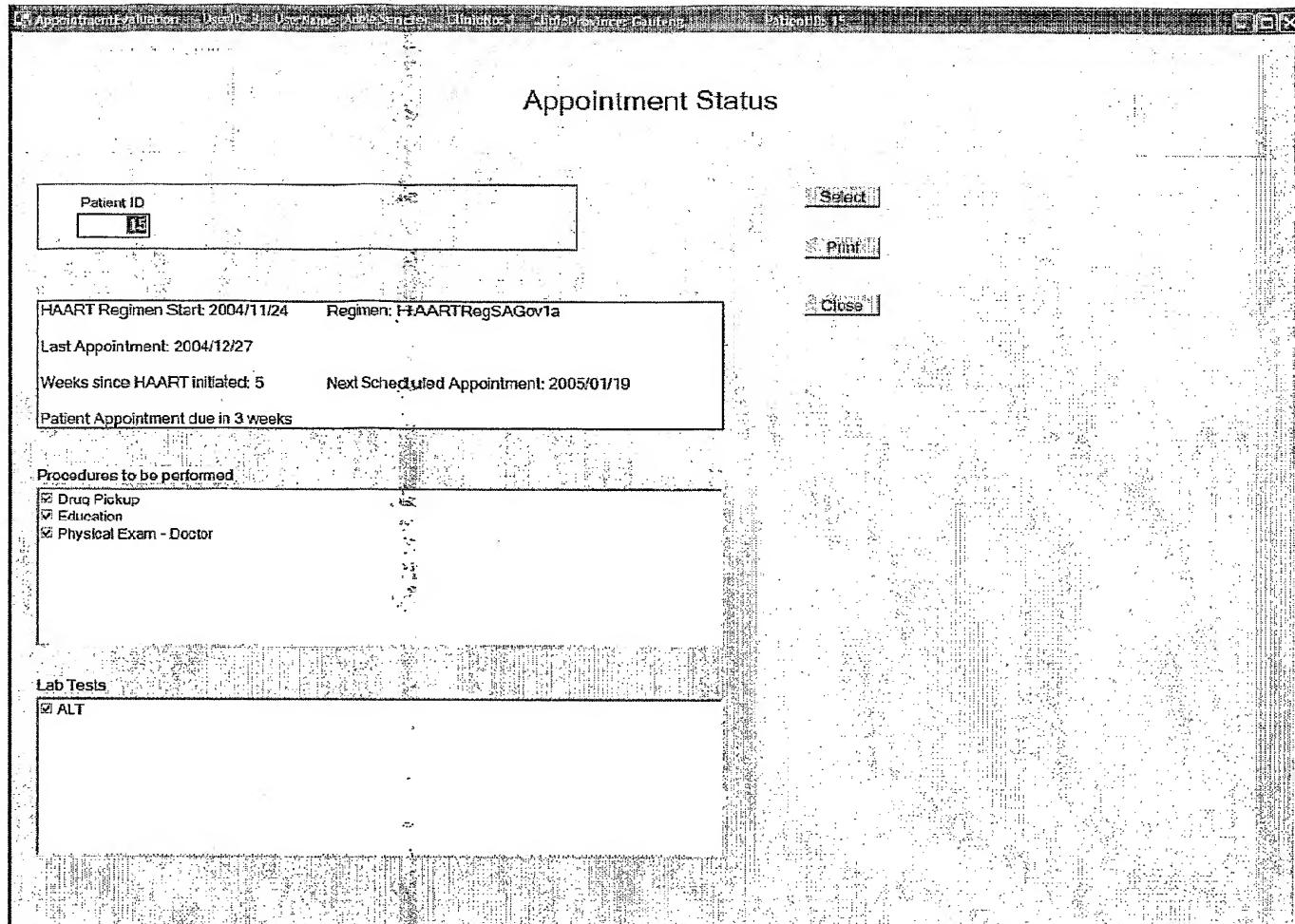


FIG. 49

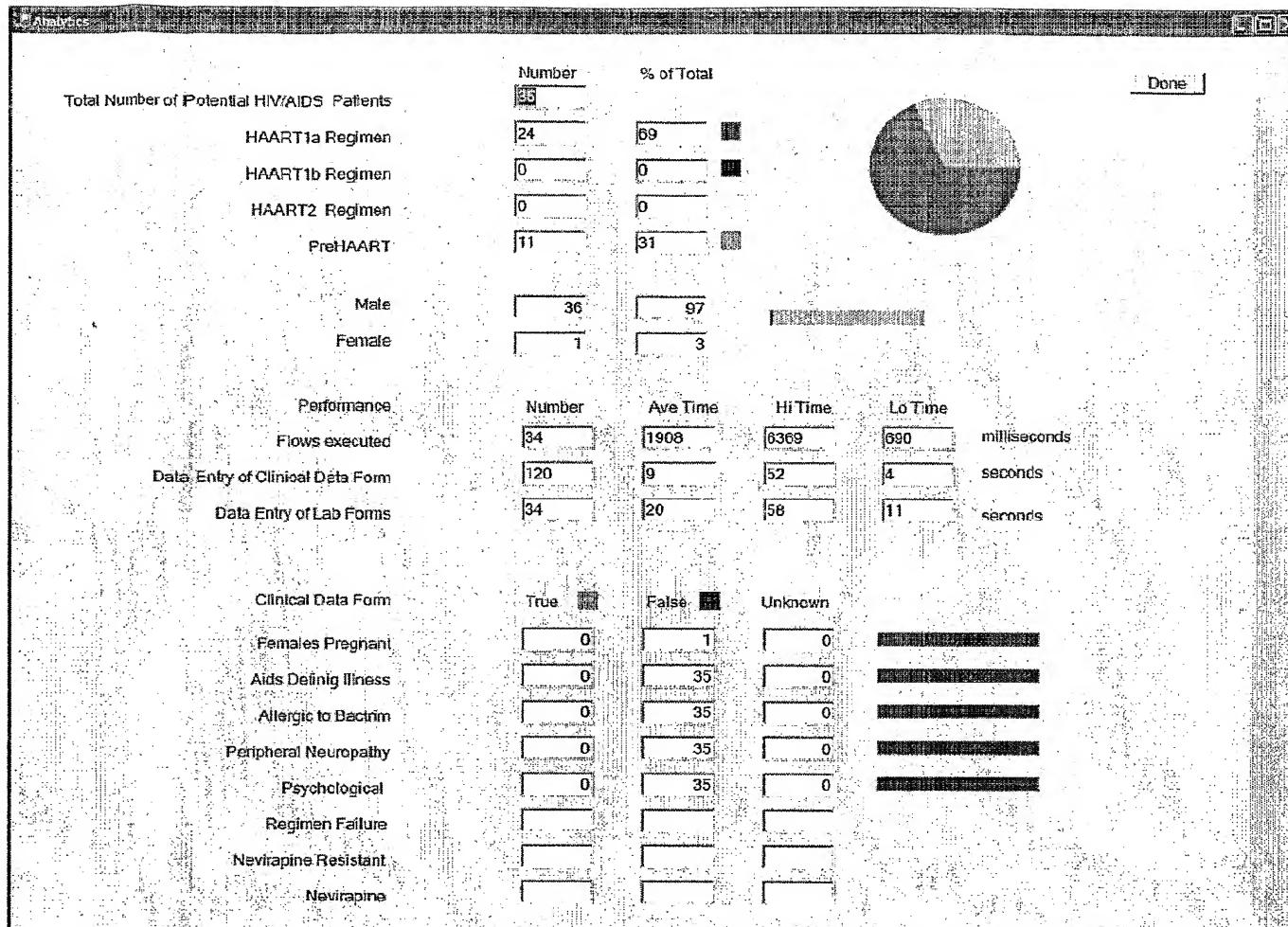


FIG. 50

PatientID: 1 12/25/2004 6:38:25 PM		
StartMainFlow	15	Gauteng - 9
DetermineAgeCategory	14	
StartSubFlow	15	DetermineAgeCategory
Age	7	25 ; >=14years
AgeCategory	11	: Adult
ReturnToMainFlow	2	
AgeCategory	7	Adult ; Adult
ClinicalDataFormComplete	7	Yes ; Yes
LabsComplete	7	Yes ; Yes
AIDSDefiningIllness	5	No ; No
Gender	7	Male ; Male
ConfirmHIVStatus	14	
StartSubFlow	15	ConfirmHIVStatus - 3
StatusGeneral	7	NoHAART ; NoHAART
HIVStatusConfirmed	7	2 ; 2
AlertReport	6	1 ; 1
HIVStatusConfirmed	7	2 ; >4
ReturnToMainFlow	2	
HIVStatusConfirmed	7	2 ; 2
Bactrim	14	
StartSubFlow	15	Bactrim - 2
PneumocystisPneumonia	5	No ; No
Trush	5	Unknown ; Unknown
LabCD4	7	250 ; >200
CD4Previous	7	250 ; >0
Bactrim CD4 Test	7	Yes ; Yes
CD4Previous	7	250 ; >200
AlertReport	6	62 ; 62
ReturnToMainFlow	2	
StatusMalnutrition	14	
StartSubFlow	15	StatusMalnutrition
Age	7	25 ; >13years
BodyMassIndexCalculate	5	20.7612456747405 ; BMI=Weight [kg] / ((height*height)/100) [cm]
BodyMassIndex	7	20.7612456747405 ; >=18.5
StatusNutrition	11	0 ; 0
AlertReport	6	11 ; 11
ReturnToMainFlow	2	
StatusLiver	14	
StartSubFlow	15	StatusLiver
ULN ALT = 48 U/L	15	No Value
LabALT	7	Unknown ; Unknown
StatusLiver	11	Unknown ; Unknown
AlertReport	6	6 ; 6
ReturnToMainFlow	2	
StatusActiveTB	14	
StartSubFlow	15	StatusActiveTB
TBActiveTreatmentComplete	5	Unknown ; Unknown
TBActiveTreatmentCurrent	5	No ; No
Cough > 2 weeks	5	No ; No
Fever > 2 weeks	5	Yes ; Yes
AlertMedical	6	6 ; 6
LabTBSputum	7	Unknown ; Unknown
StatusActiveTB	7	Ordered ; Ordered
AlertOperational	6	5 ; 5
ReturnToMainFlow	2	